

FIG. 1

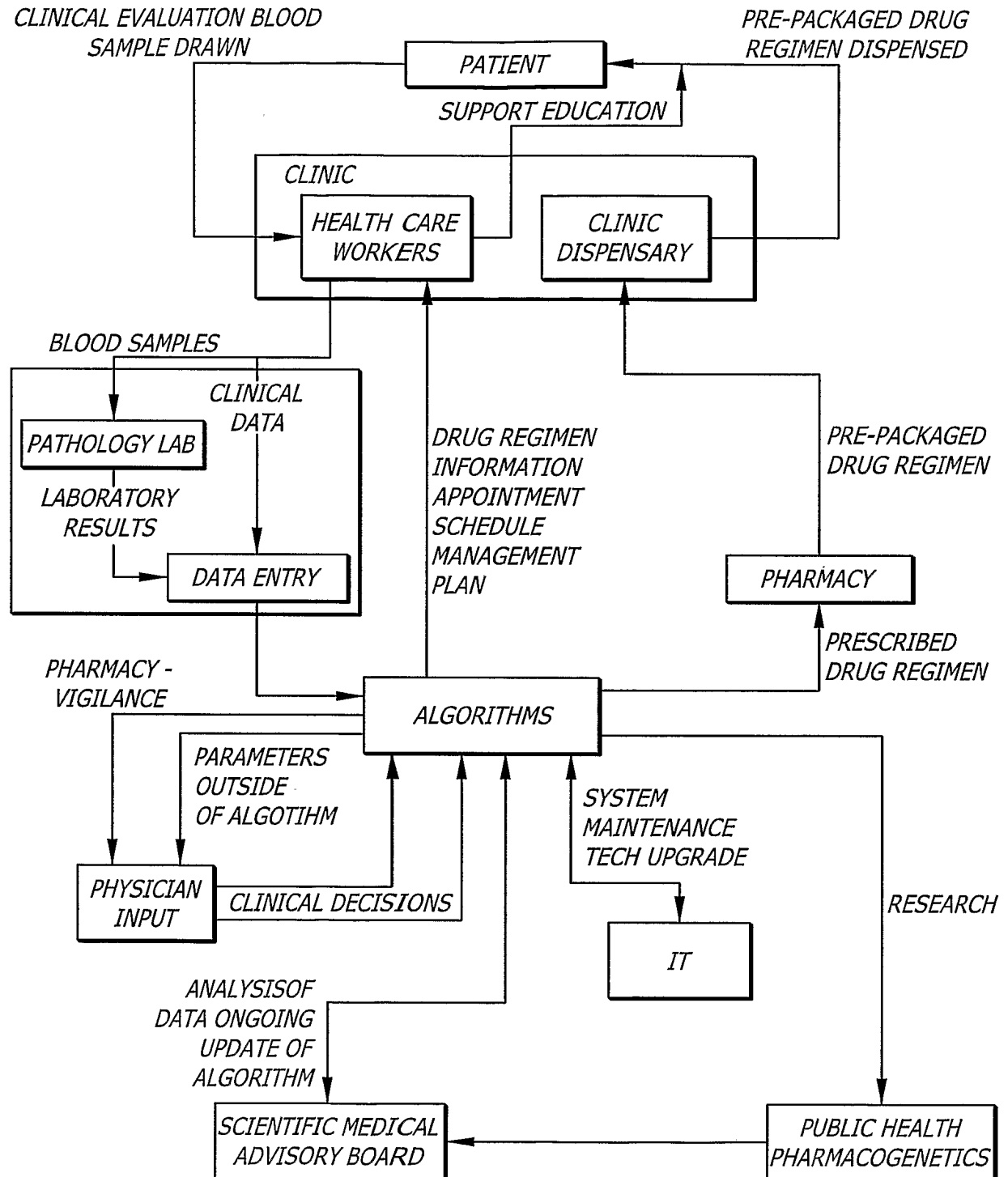


FIG. 2.1

		Form Number		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
Date Prepared		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			

ASSESSMENT ART FORM													
	Date of birth	Y	Y	Y	Y	M	M	D	D				
	Height				cm								
	Weight			kg on		Y	Y	Y	Y	M	M	D	D
Now on antiretroviral medicine for HIV/AIDS?		<div style="display: flex; justify-content: space-between;"> <span>No</span> <span>Yes</span> </div>											
		USE FOLLOW-UP FORM											
Documented positive HIV tests		<div style="display: flex; justify-content: space-between;"> <span>0</span> <span>1</span> <span>2</span> </div>											
Location: _____		Date		Y	Y	Y	Y	M	M	D	D		
Location: _____		Date		Y	Y	Y	Y	M	M	D	D		
Previous ART exposure													
PEP		Yes		No		Unknown							
PMTCT		Yes		No		Unknown							
ART interrupted		Yes		No		Unknown							
Treatment Readiness													
Do you want to be on medicine for AIDS?		Yes		No									
Drug literacy training complete		Yes		No									
Adherence training complete		Yes		No									
Social worker consultation complete		Yes		No									
Home visit complete		Yes		No									
Gender		Male		Female									
For Female:													
Are you pregnant?		Yes		No		Maybe							
Are you able to have children?		Yes		No		Unknown							
Do you want to have children at this time?		Yes		No									
Are you using reliable contraception?		Yes		No		Unknown							
WHO Stage													
WHO Clinical Stage 1		1		Defining Condition									
WHO Clinical Stage 2		2											
WHO Clinical Stage 3		3											
WHO Clinical Stage 4		4											
Pneumocystis Pneumonia - current or previous		Yes		No		Unknown							
Thrush - persistent		Yes		No		Unknown							
Cotrimoxazole													
Allergic to cotrimoxazole?		Yes		No		Unknown							
Was cotrimoxazole dispensed?		Yes		No		Unknown							
Cotrimoxazole pill count - Is patient compliant?		Yes		No		Unknown							
Has patient kept 3 appointments in a row?		Yes		No		Unknown							
Pain and/or tingling in hands and/or feet?													
Pain and tingling do not cause a problem walking		Yes		No		Unknown							
Pain and tingling > 3 days - non-narcotic analgesia required		Mild											
Walks with great difficulty - narcotic analgesia required		Moderate											
Unable to walk - narcotic analgesia does not help		Severe											
Incapacitating		Incapacitating											
Psychological problems now or in the past													
Depression - overwhelming sadness, not related to any event		Yes		No		Unknown							
Thoughts or attempts of suicide		Depression											
Previous mental illness requiring treatment/hospitalization		Suicide											
		Mental Illness											

FIG. 2.2

<b>Nevirapine</b>													
Have you ever taken Nevirapine?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Nevirapine Skin Rash		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Redness, itching		<input type="text" value="Mild"/>											
Diffuse rash, dry and peeling		<input type="text" value="Moderate"/>											
Blisters, moist peeling, sores		<input type="text" value="Severe"/>											
Severe redness, ulcers, skin sloughing off		<input type="text" value="Incapacitating"/>											
<b>Regimen Failure</b>													
Has the patient failed Regimen 1a		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Virologic failure		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Therapeutic failure (side effects)		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Has the patient failed Regimen 1b		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Virologic failure		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Therapeutic failure (side effects)		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Nevirapine Resistant - proven		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
<b>TB</b>													
Are you being treated for active TB now?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Treatment for active TB in the past 2 years?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Is your treatment for active TB complete?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Date active TB treatment started		<input type="text" value="Y Y Y Y"/>		<input type="text" value="M M"/>		<input type="text" value="D D"/>							
Are you taking Isoniazid to prevent TB now?		<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="text" value="Unknown"/>							
Date Isoniazid treatment started		<input type="text" value="Y Y Y Y"/>		<input type="text" value="M M"/>		<input type="text" value="D D"/>							
Cough > 2 weeks		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Fever > 2 weeks		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Night sweats		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Weight loss > 1.5 kg in past 4 weeks		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Sputum tested for TB in the last 3 months?		<input type="text" value="Yes"/>		<input type="text" value="No"/>									
Result of TB sputum test		<input type="text" value="Positive"/>		<input type="text" value="Negative"/>									
<b>LABS</b>													
	Previous		Previous		Previous		Previous		Previous		Current		
Date													
Weight													kg
CD4													c/mL
Viral Load													c/mm <sup>3</sup>
Liver – ALT													U/L
Hemoglobin													g/L
Neutrophils													/mm <sup>3</sup>
Lipase													U/L
Creatinine													umol/L
MCV													fL
Platelets													10 <sup>9</sup> /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

Form Filled in by \_\_\_\_\_

Title \_\_\_\_\_

FIG. 3.1

		Form Number		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>			
Date Prepared		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
<b>FOLLOW-UP ART FORM</b>							
Date of birth		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Height		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		cm	
Weight		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		kg on <div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Documented positive HIV tests		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Location:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Location:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Now on antiretroviral medicine for HIV/AIDS?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
1A:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
2:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
1B:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Other:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Adherence		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Regimen Failure		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Has the patient failed Regimen 1a		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Virologic failure		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Has the patient failed Regimen 1b		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Virologic failure		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Therapeutic failure (side effects)		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Nevirapine Resistant - proven		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Gender		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
For Female:		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Are you pregnant?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Are you able to have children?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Do you want to have children at this time?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Are you using reliable contraception?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
WHO Stage		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
WHO Clinical Stage 1		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
WHO Clinical Stage 2		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
WHO Clinical Stage 3		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
WHO Clinical Stage 4		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Pneumocystis Pneumonia - current or previous		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Thrush - persistent		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Cotrimoxazole		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Allergic to Cotrimoxazole?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Was Cotrimoxazole dispensed?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Cotrimoxazole pill count - Is patient compliant?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Has patient kept 3 appointments in a row?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Pain and/or tingling in hands and/or feet?		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Pain and tingling do not cause a problem walking		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Pain and tingling > 3 days - non-narcotic analgesia required		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Walks with great difficulty - narcotic analgesia required		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	
Unable to walk - narcotic analgesia does not help		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>		<div style="border: 1px solid black; width: 20px; height: 15px;"></div>	

FIG. 3.2

<b>Psychological problems now or in the past</b>		Yes	No	Unknown
Depression - overwhelming sadness, not related to any event		Depression		
Thoughts or attempts of suicide		Suicide		
Previous mental illness requiring treatment/hospitalization		Mental Illness		

<b>Nevirapine</b>		Yes	No	Unknown
Have you ever taken Nevirapine?		Yes	No	Unknown
Nevirapine Skin Rash				
Redness, itching		Mild		
Diffuse rash, dry and peeling		Moderate		
Blisters, moist peeling, sores		Severe		
Severe redness, ulcers, skin sloughing off		Incapacitating		

<b>TB</b>		Yes	No	Unknown
Are you being treated for active TB <b>now</b> ?		Yes	No	Unknown
Treatment for active TB in the past 2 years?		Yes	No	Unknown
Is your treatment for active TB complete?		Yes	No	Unknown
Date active TB treatment started		Y	Y	Y
Are you taking Isoniazid to prevent TB now?		Yes	No	Unknown
Date Isoniazid treatment started		Y	Y	Y
Cough > 2 weeks		Yes	No	Any 1 "yes" get sputum for smear and culture
Fever > 2 weeks		Yes	No	
Night sweats		Yes	No	
Weight loss > 1.5 kg in past 4 weeks		Yes	No	
Sputum tested for TB in the last 3 months?		Yes	No	
Result of TB sputum test		Positive	Negative	

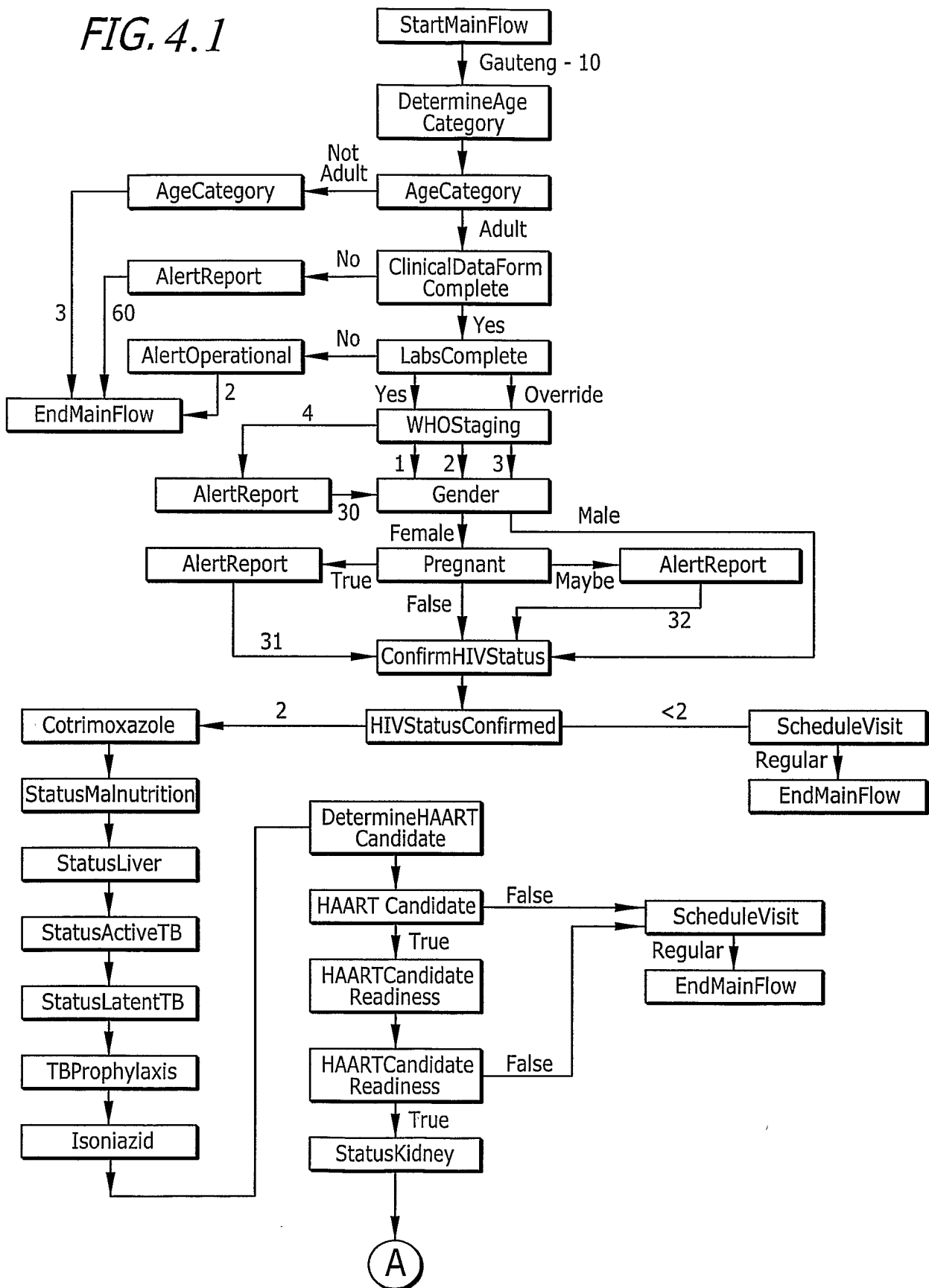
  

<b>LABS</b>													
	Previous		Previous		Previous		Previous		Previous		Current		
<b>Date</b>													
Weight													kg
CD4													c/mL
Viral Load													c/mm <sup>3</sup>
Liver – ALT													U/L
Hemoglobin													g/L
Neutrophils													/mm <sup>3</sup>
Lipase													U/L
Creatinine													umol/L
MCV													fL
Platelets													10 <sup>9</sup> /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	

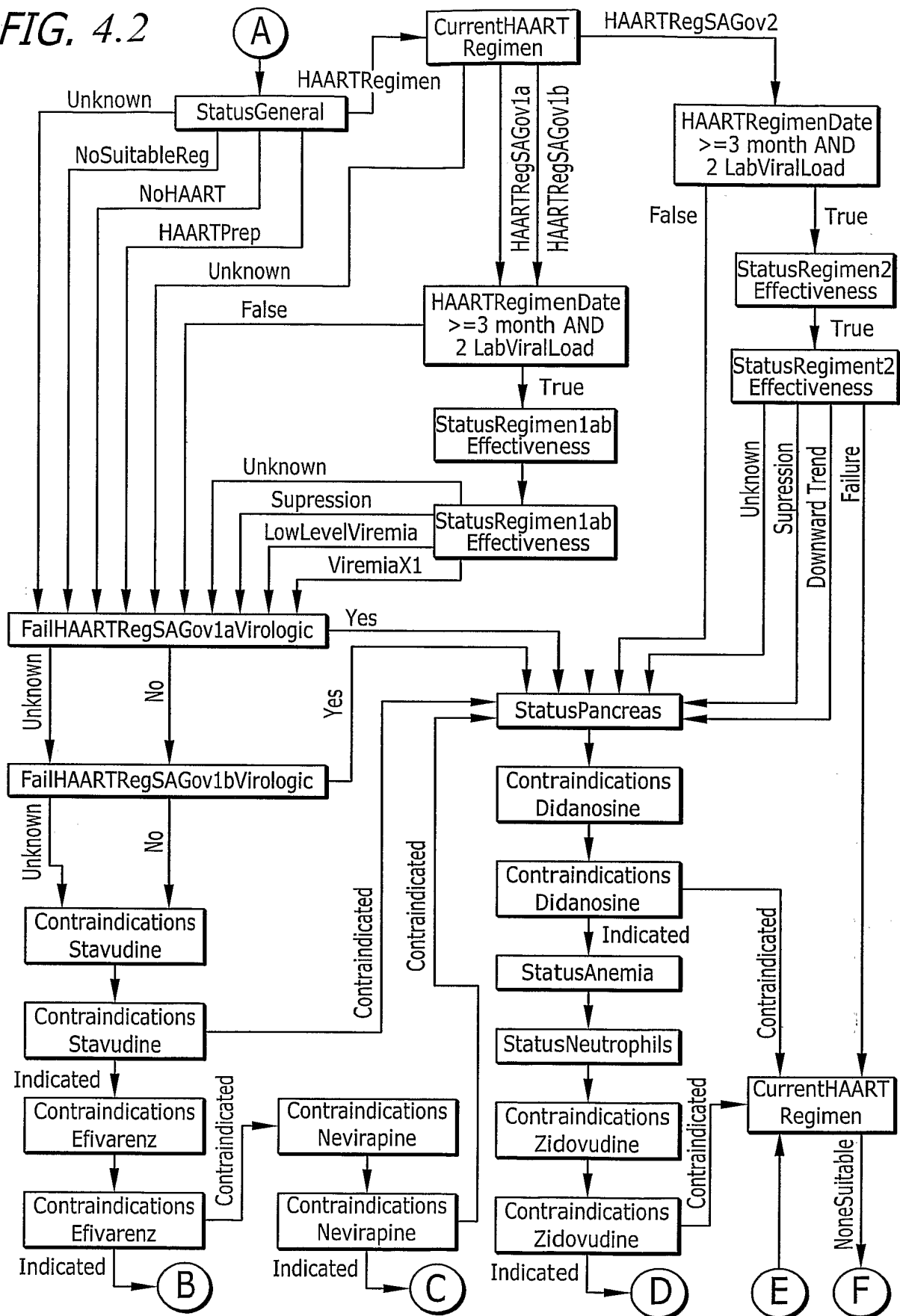
Form Filled in by \_\_\_\_\_

Title \_\_\_\_\_

FIG. 4.1



**FIG. 4.2**



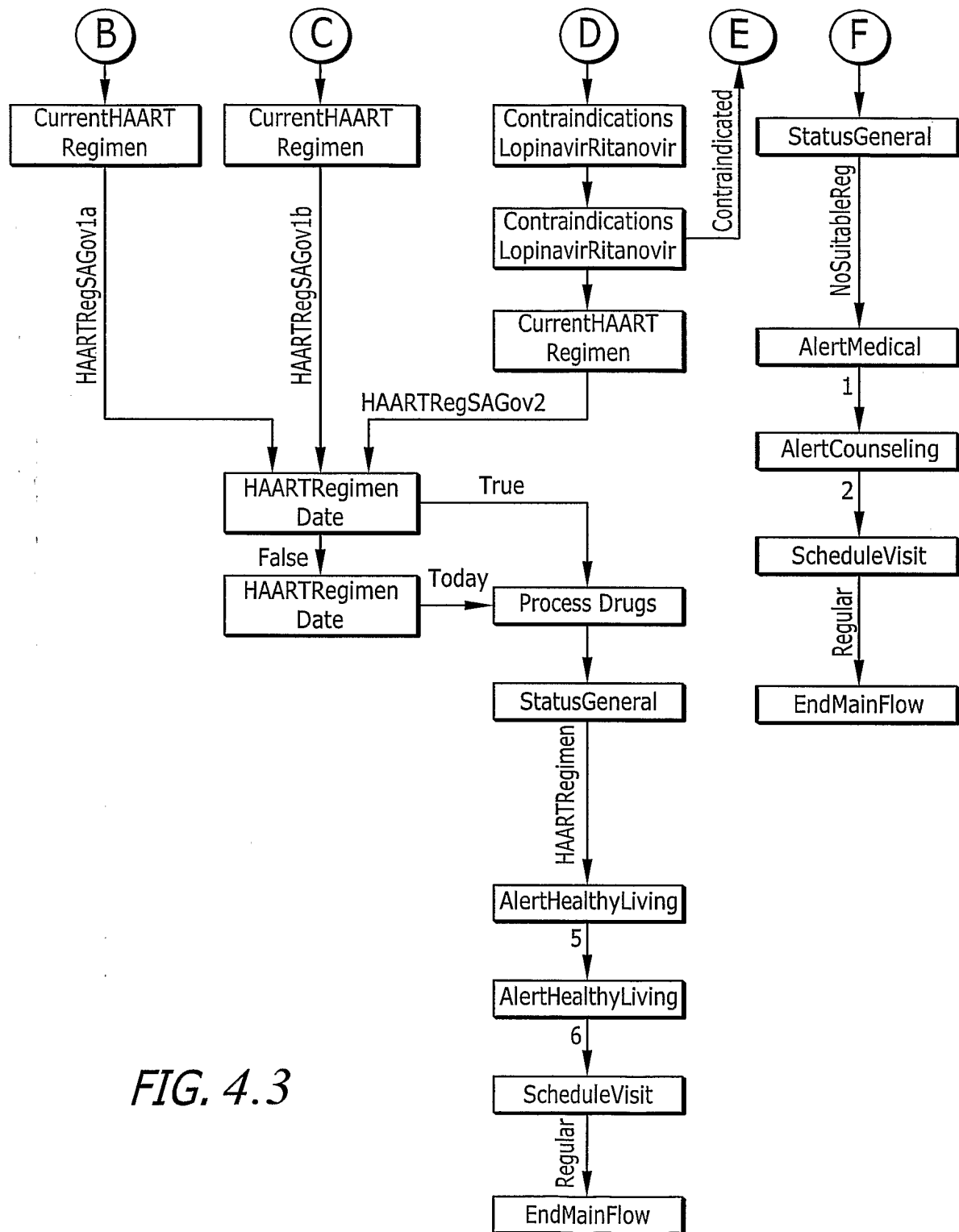


FIG. 4.3



FIG. 5

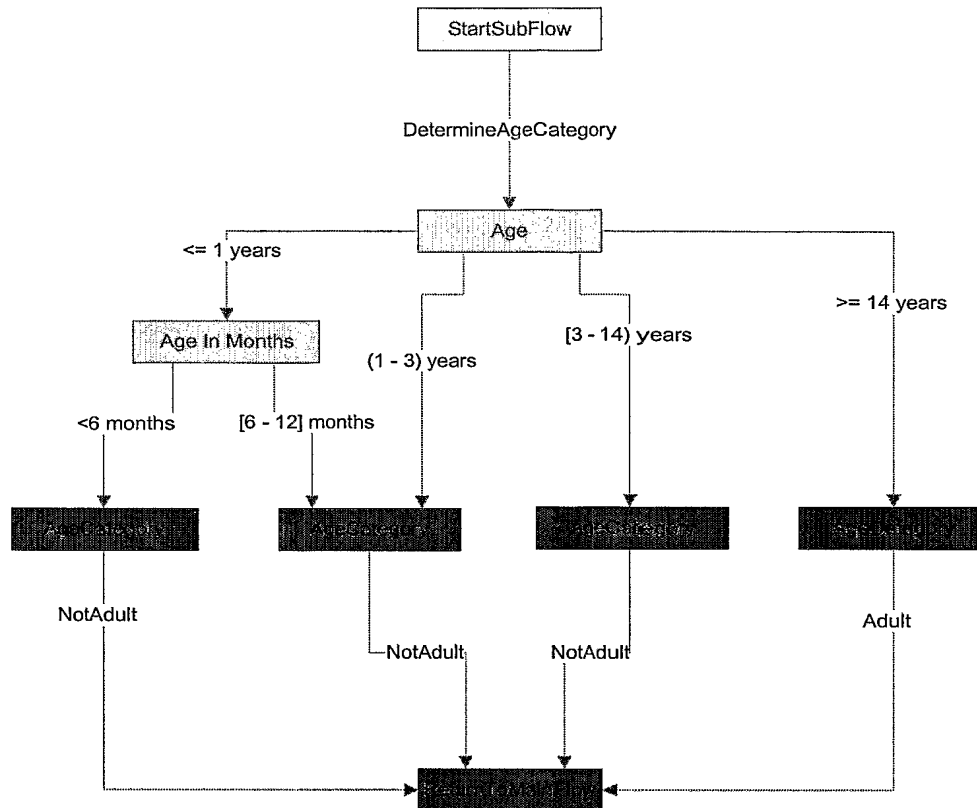


FIG. 6

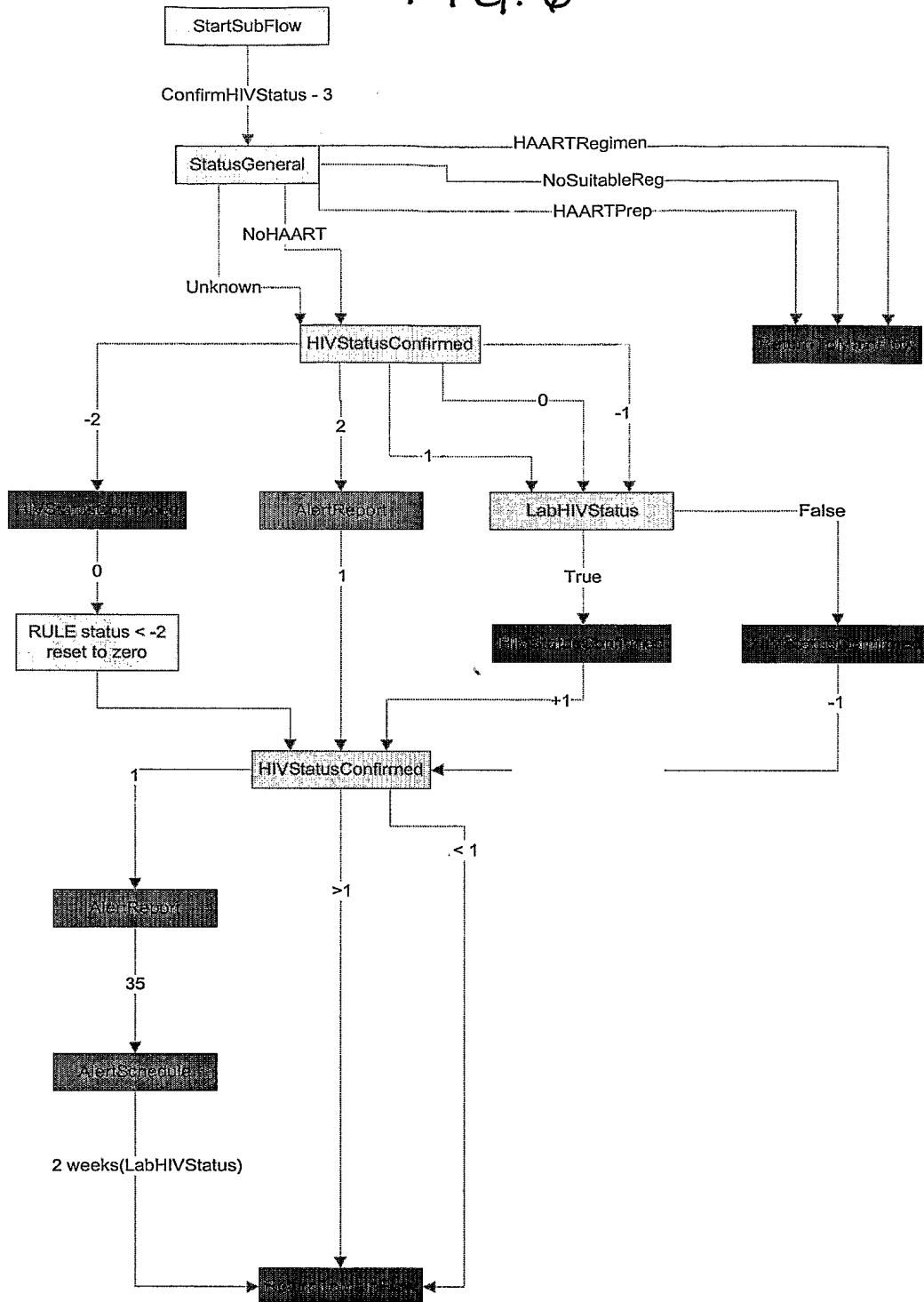




FIG. 8

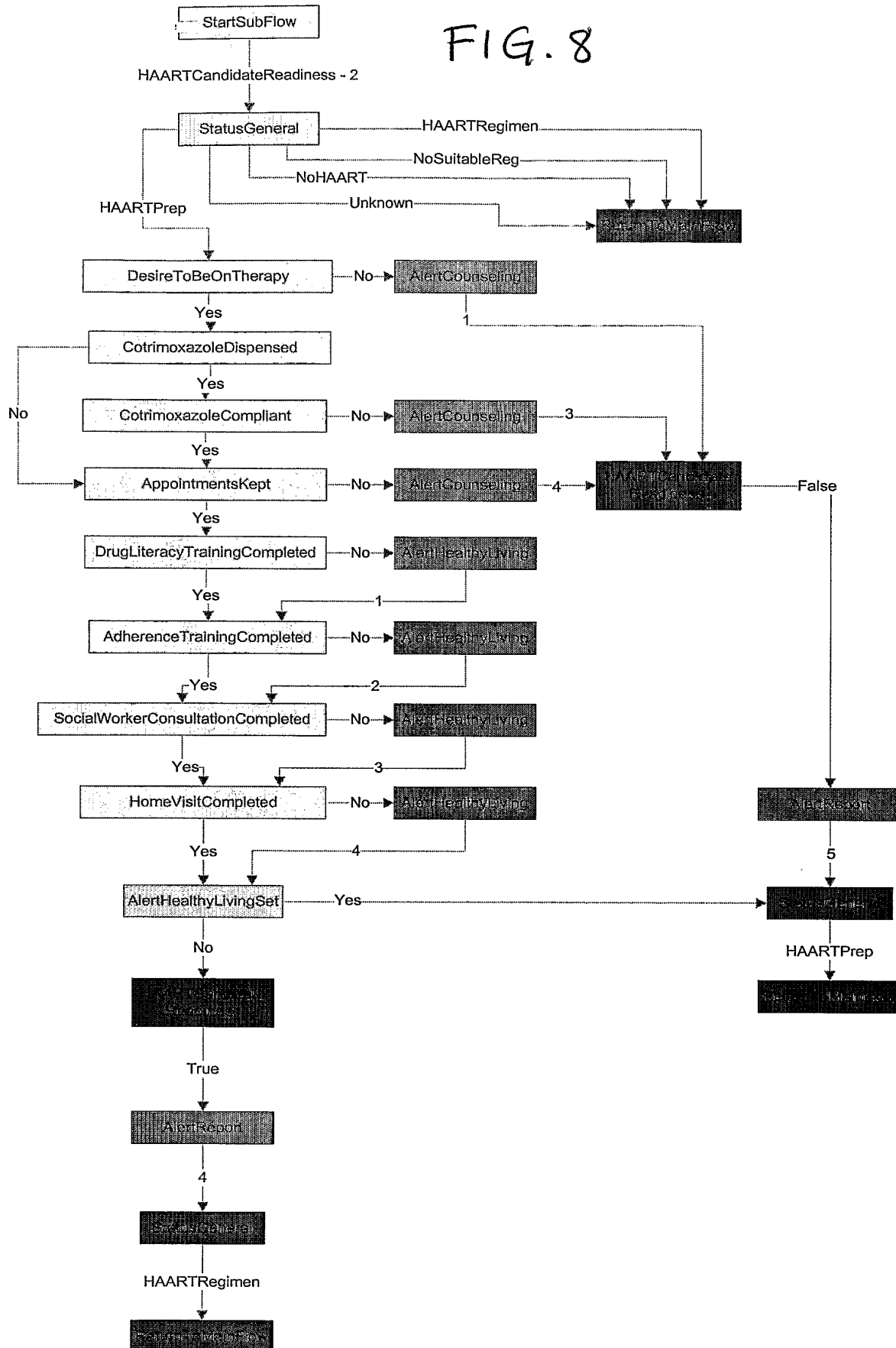




FIG. 10

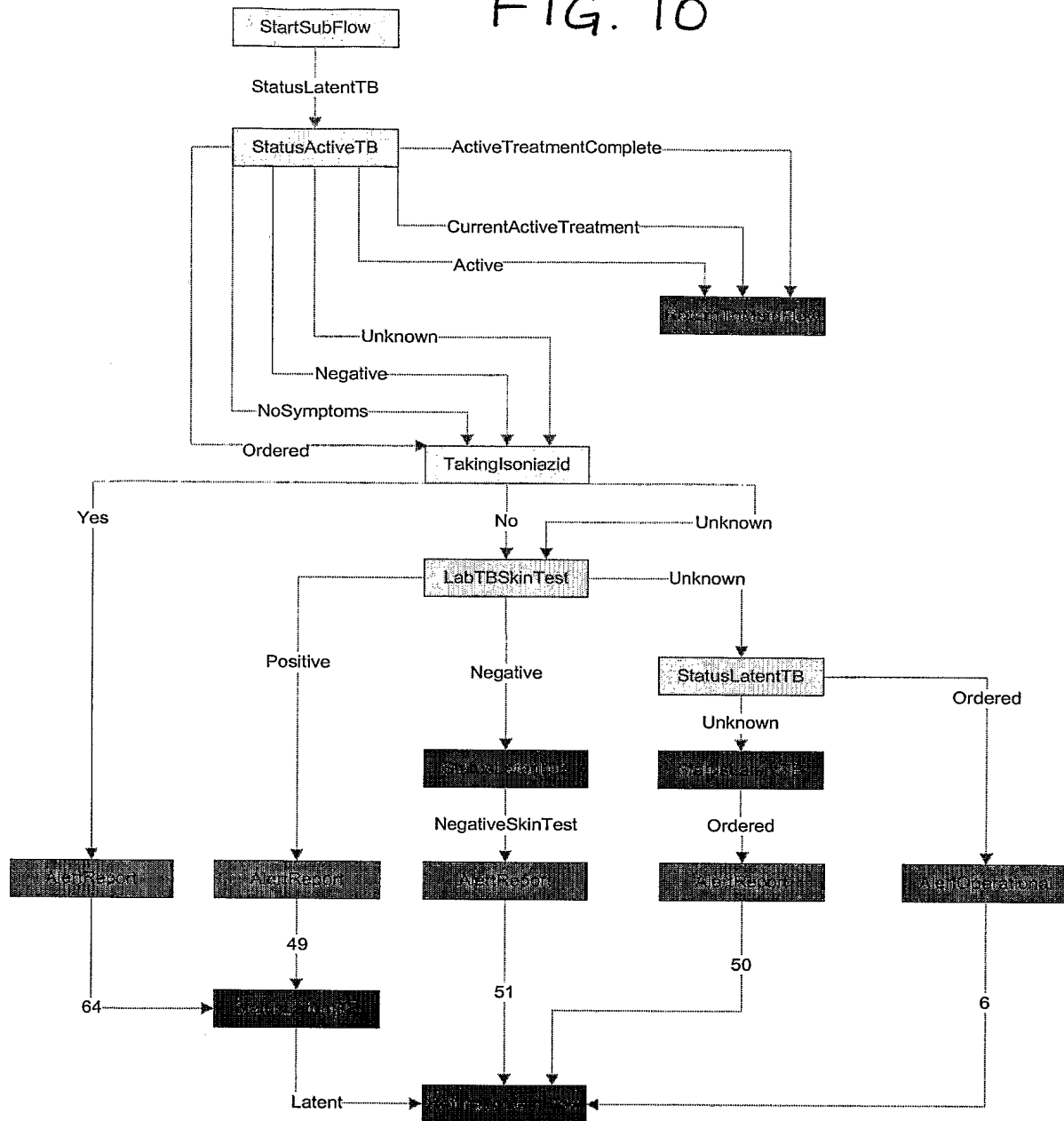


FIG. 11

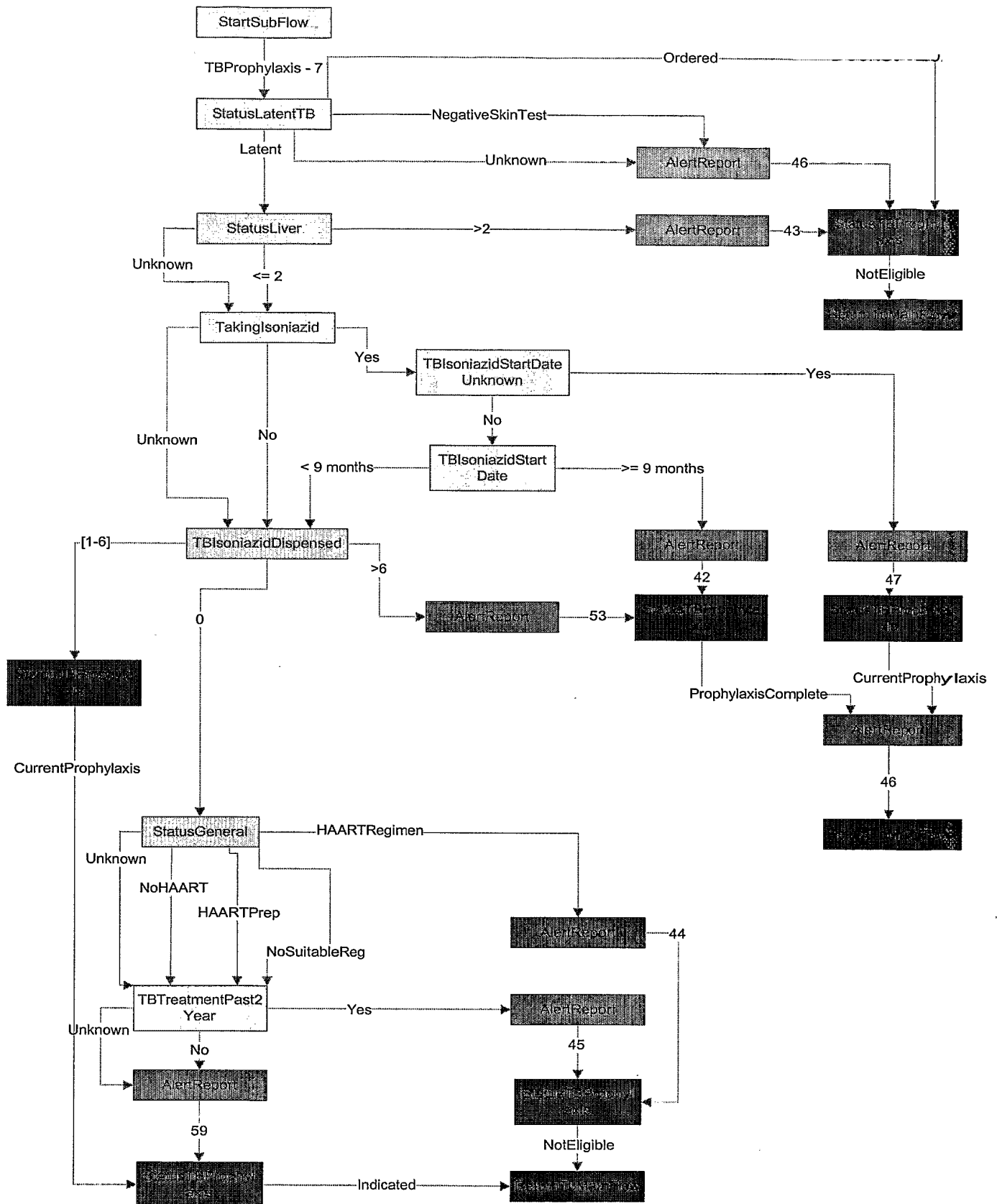


FIG. 12

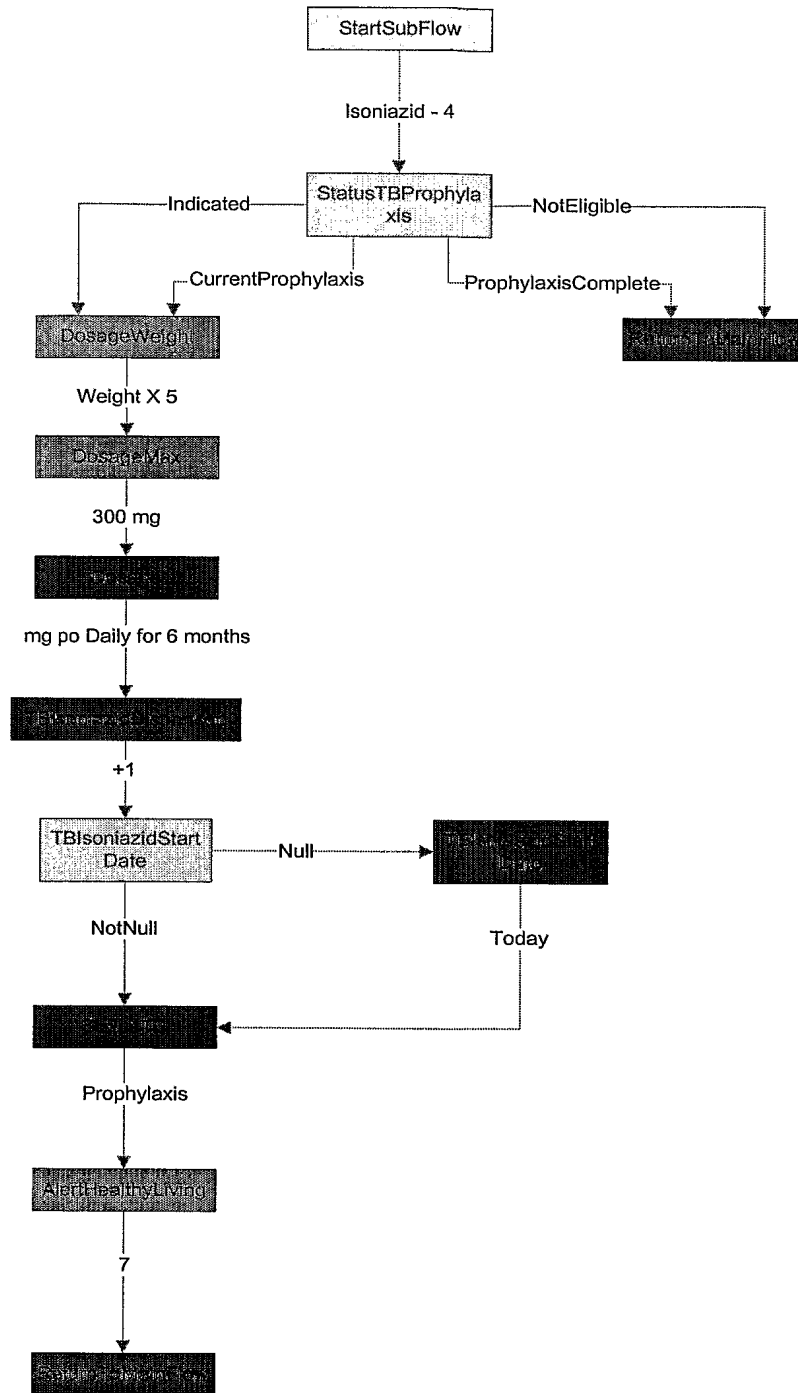




FIG. 13

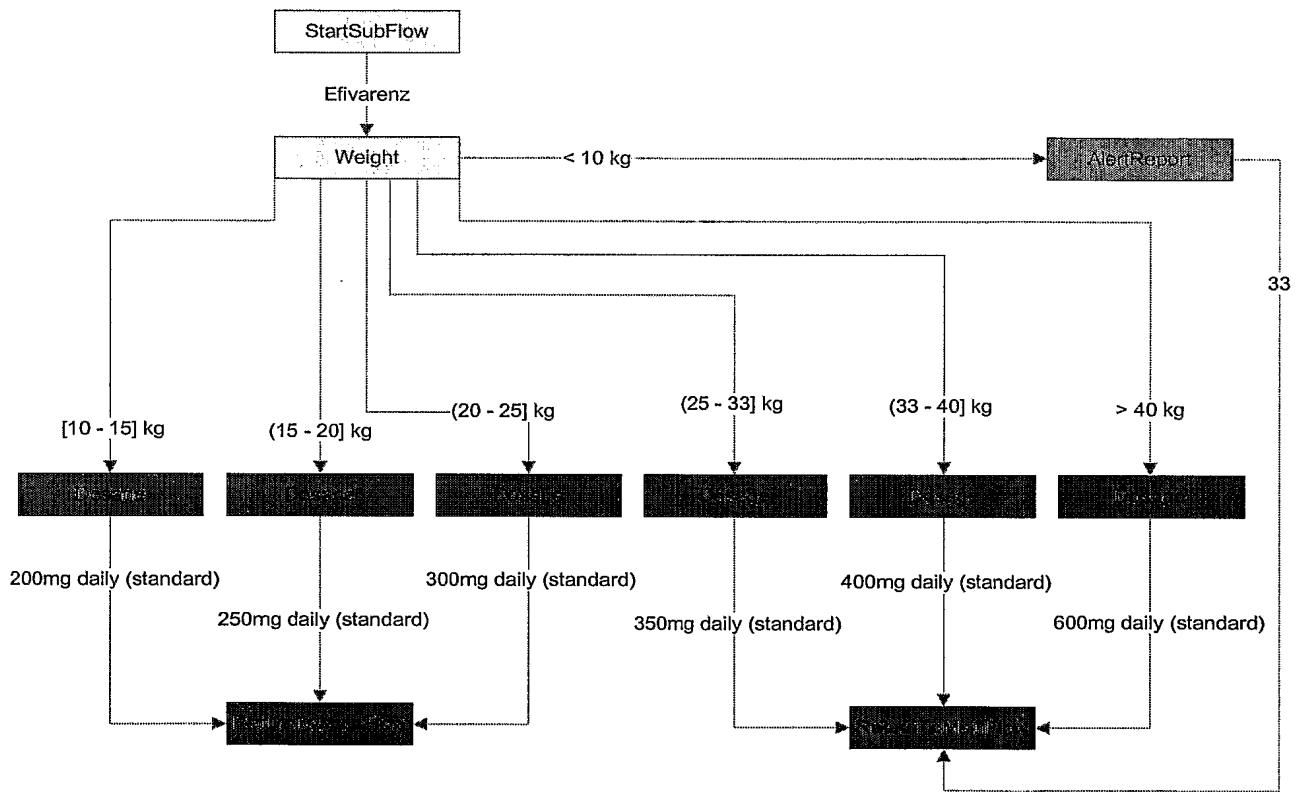


FIG. 14

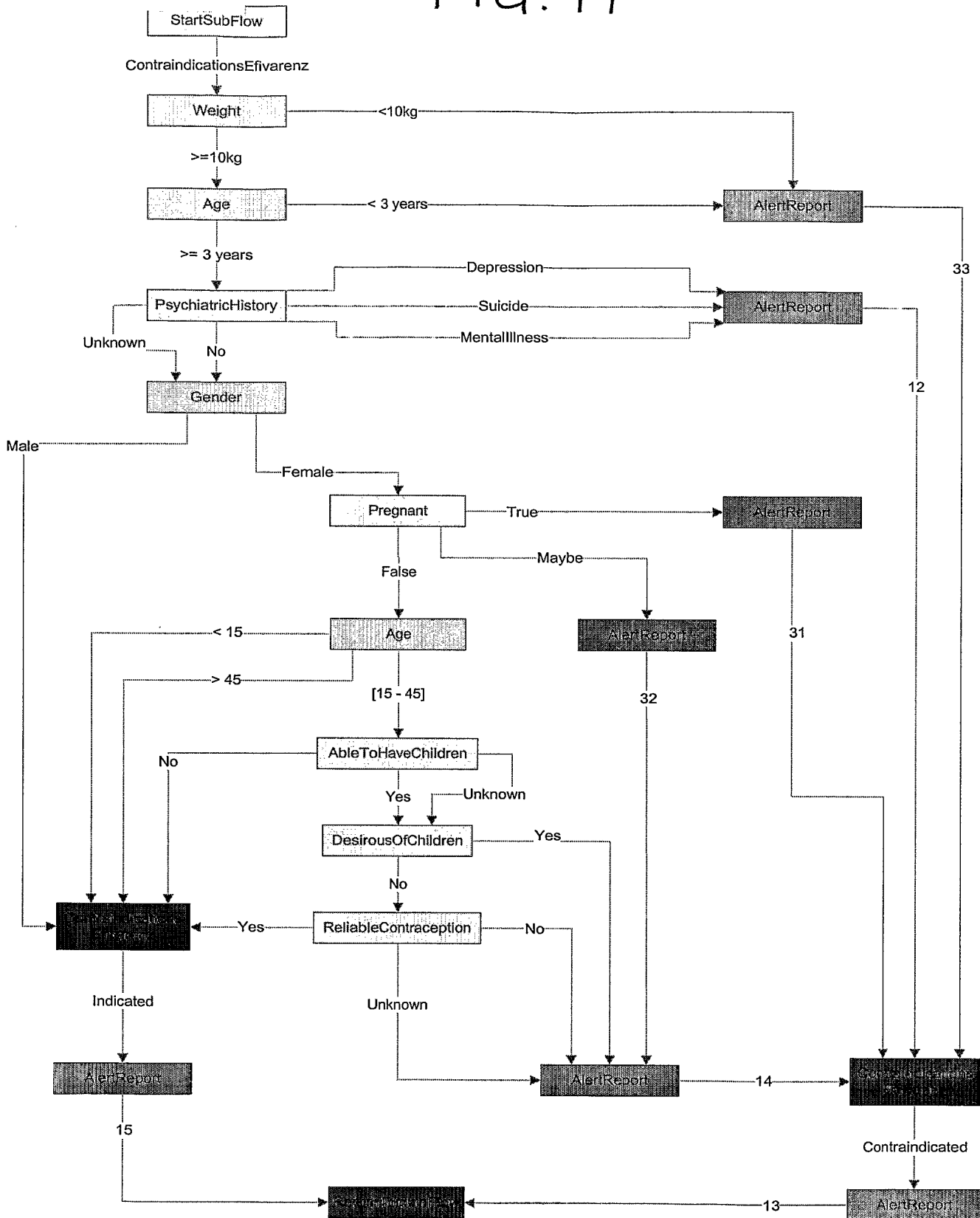


FIG. 15

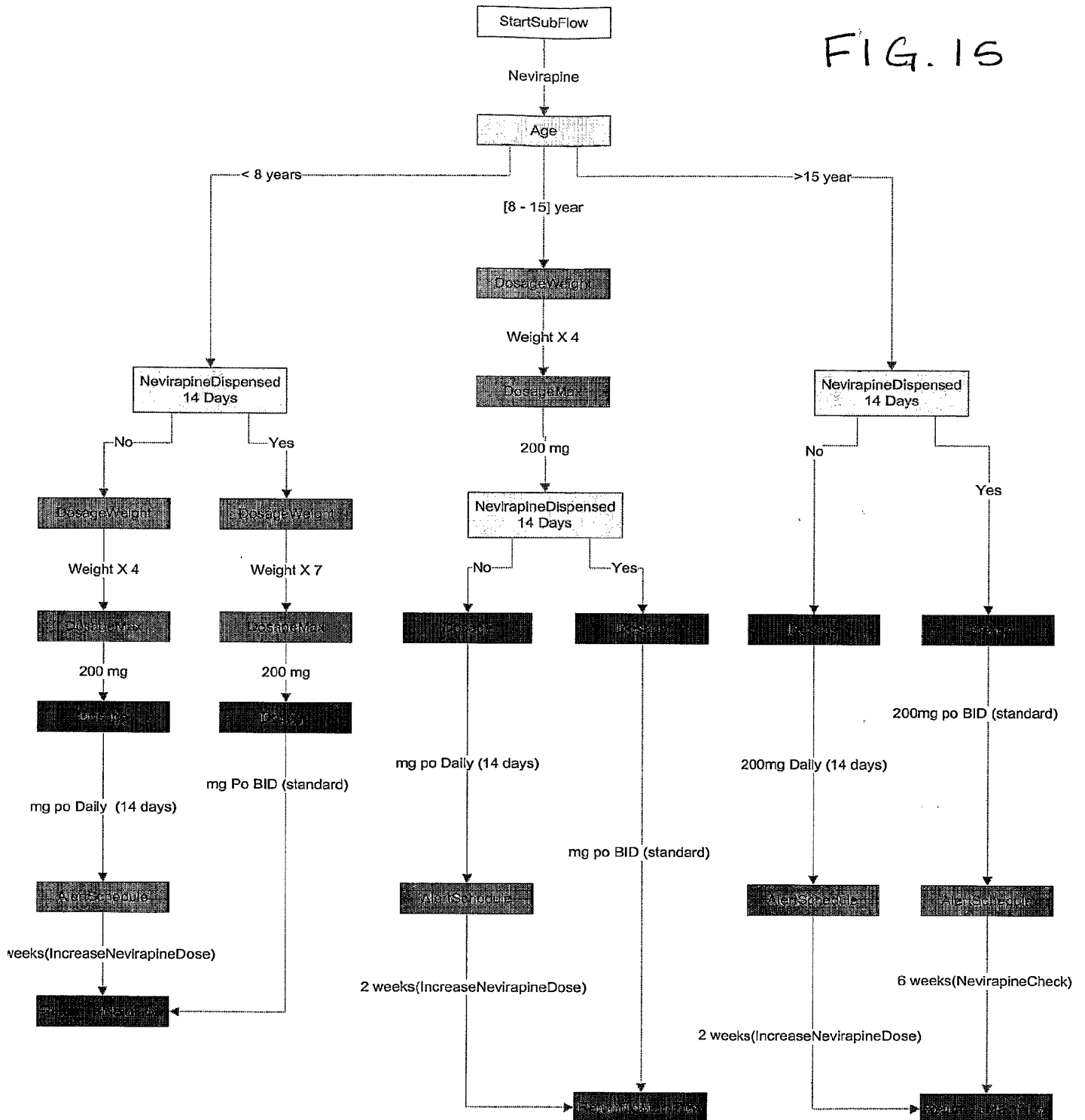


FIG. 16

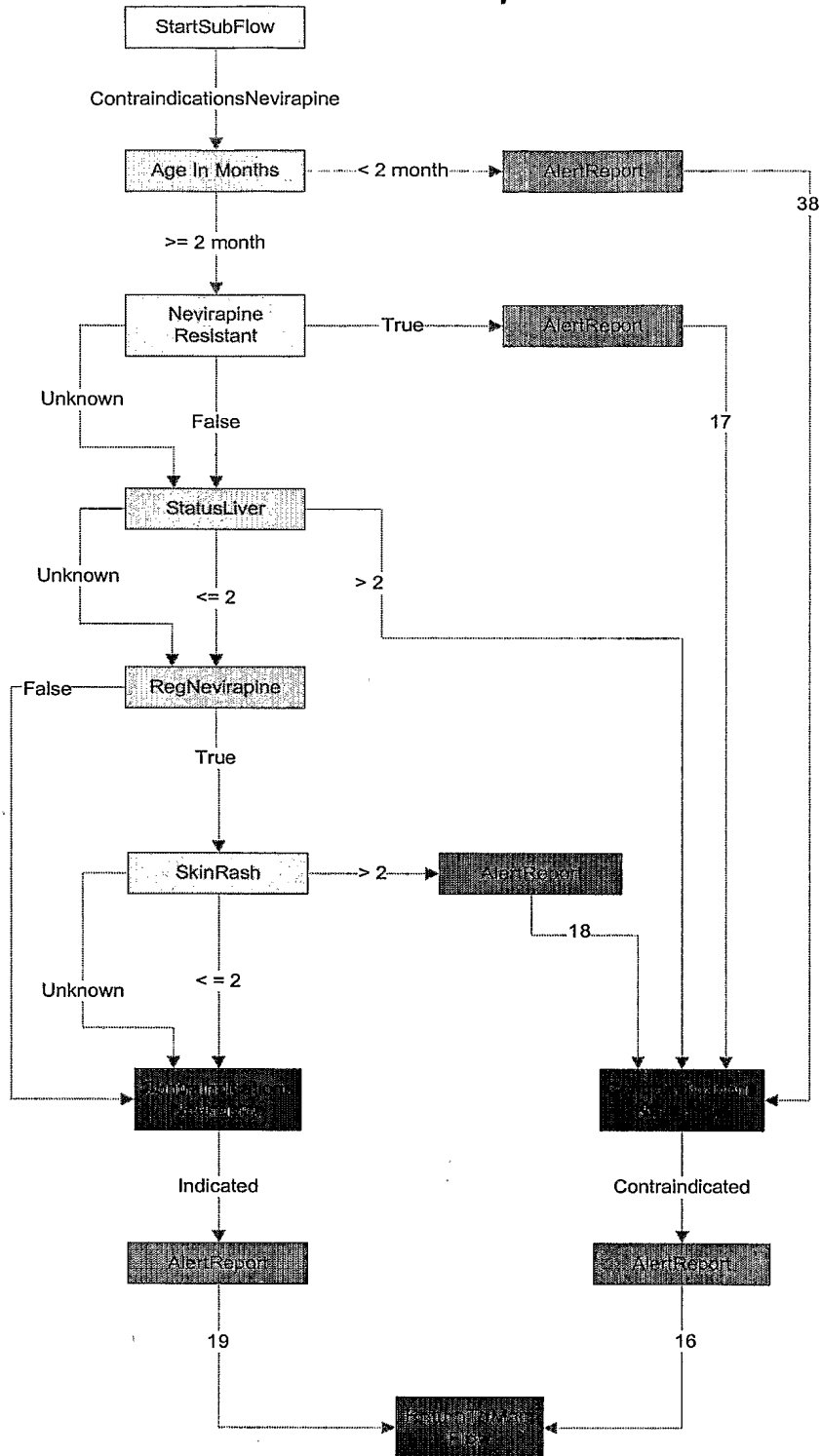


FIG. 17

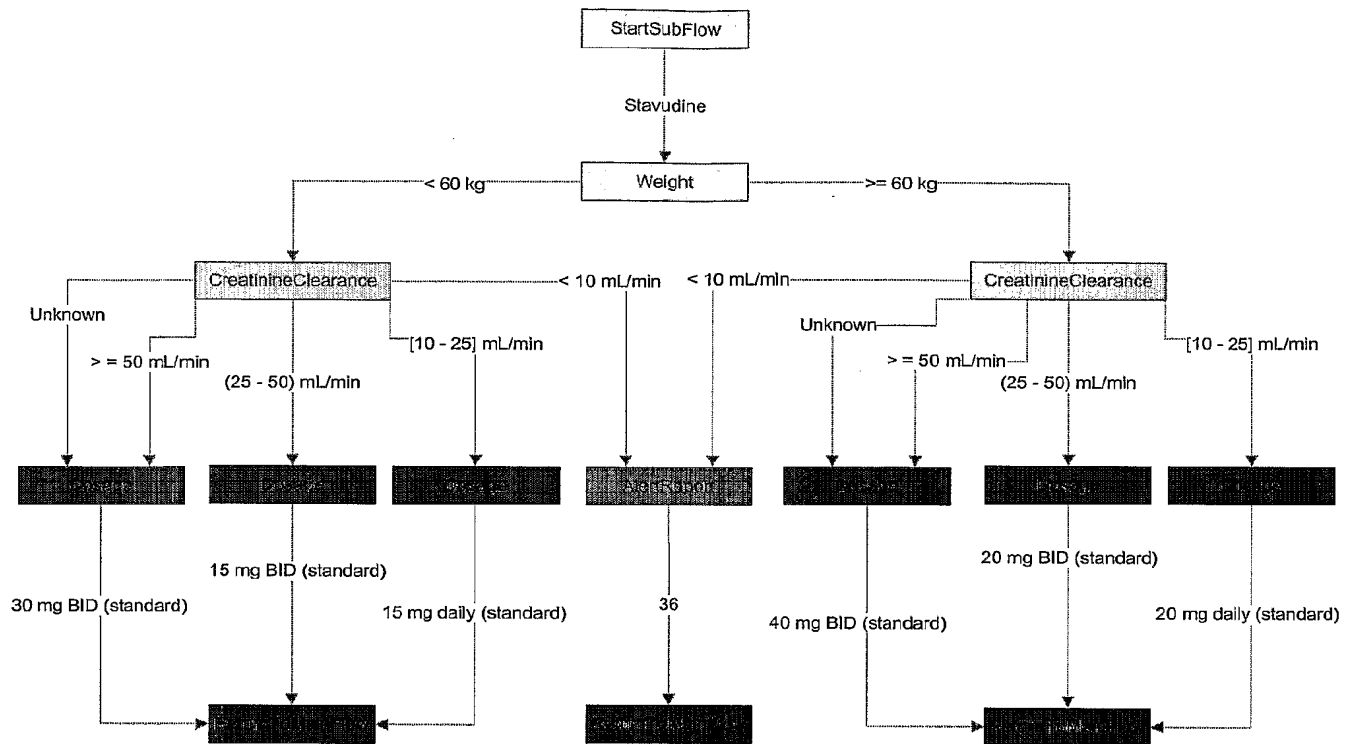


FIG. 18

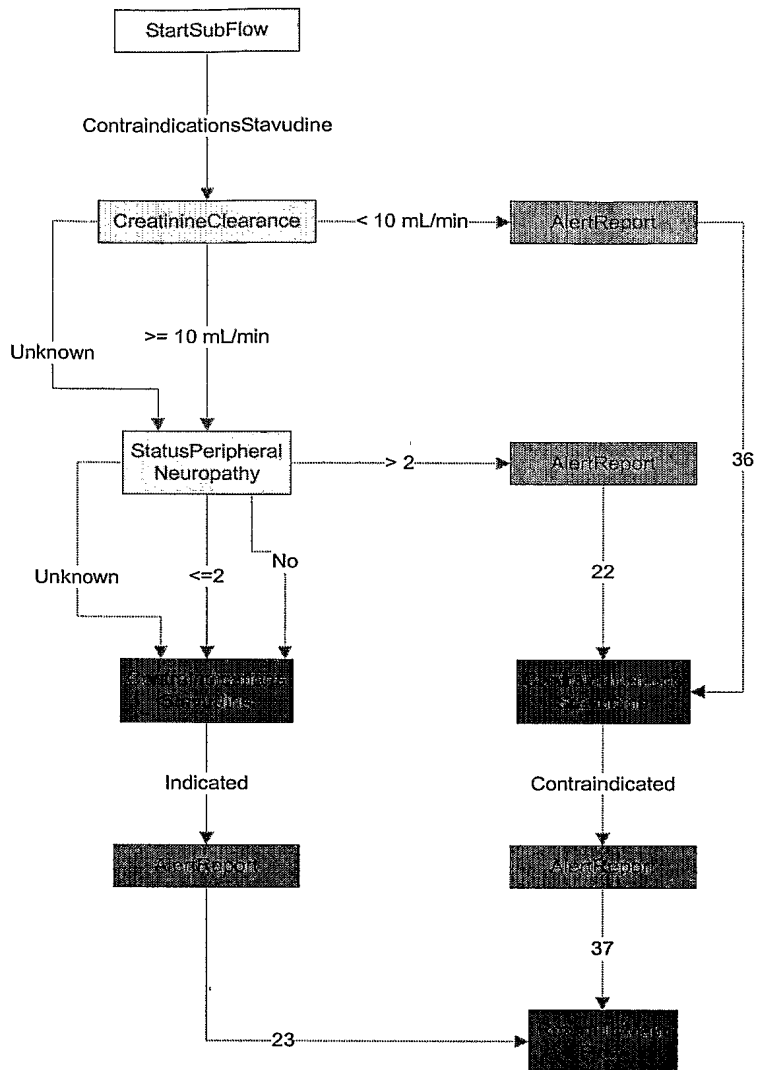


FIG. 19

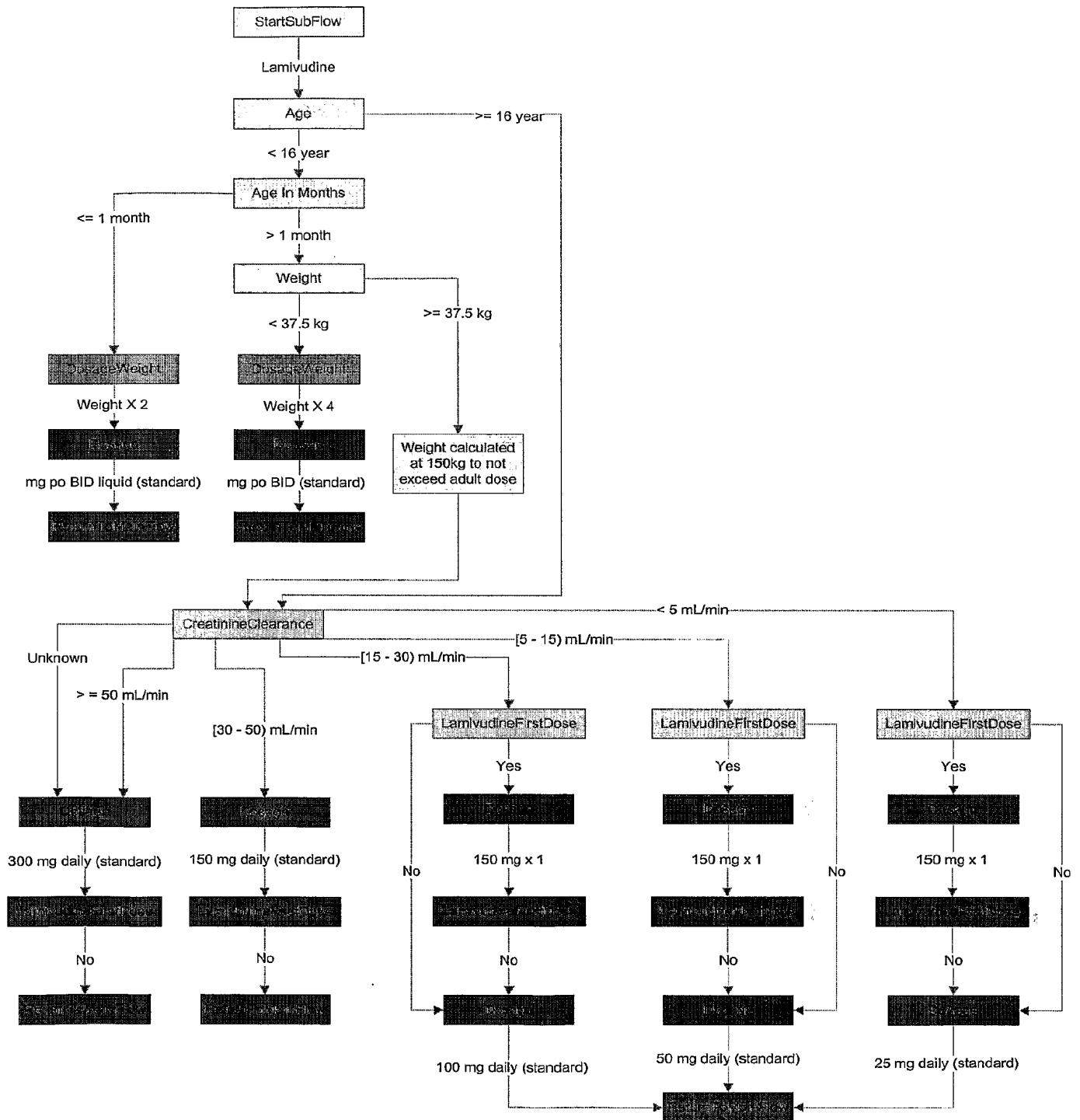
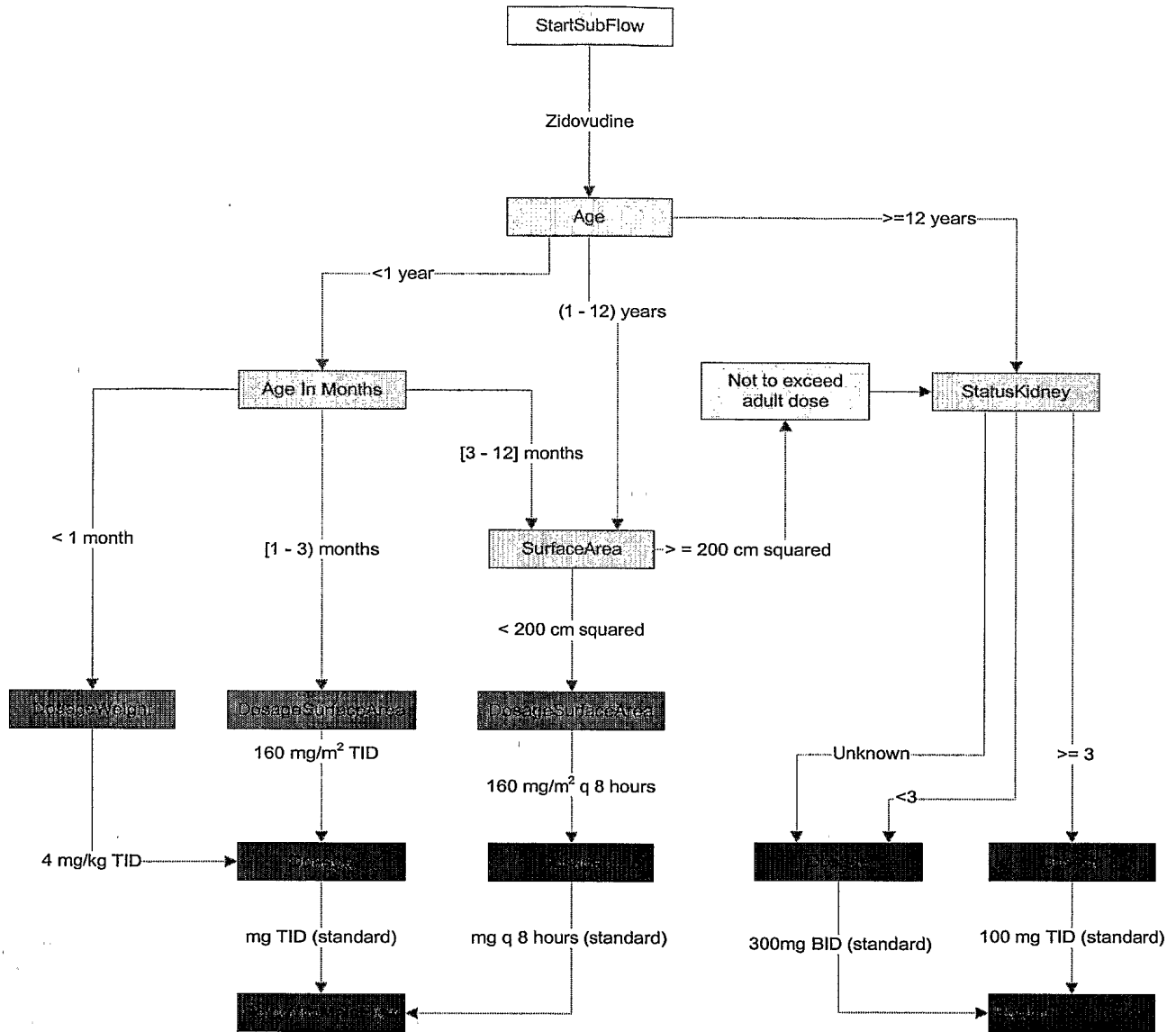


FIG. 20



$$SA = \text{Height[cm]} * (\text{Weight[kg]} / 36)$$



FIG. 21

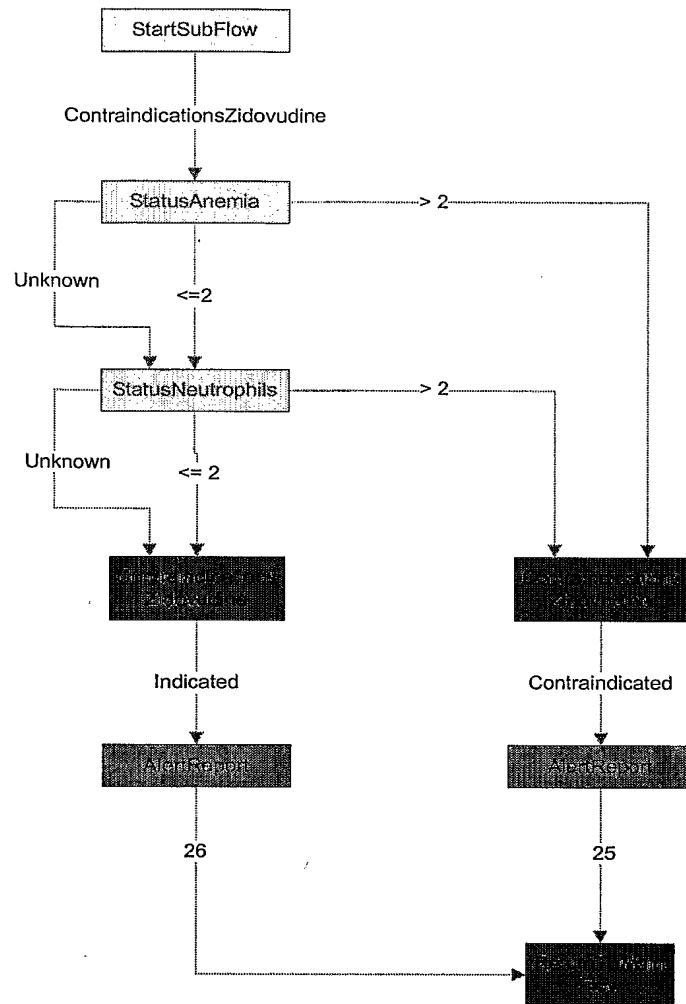


FIG. 22

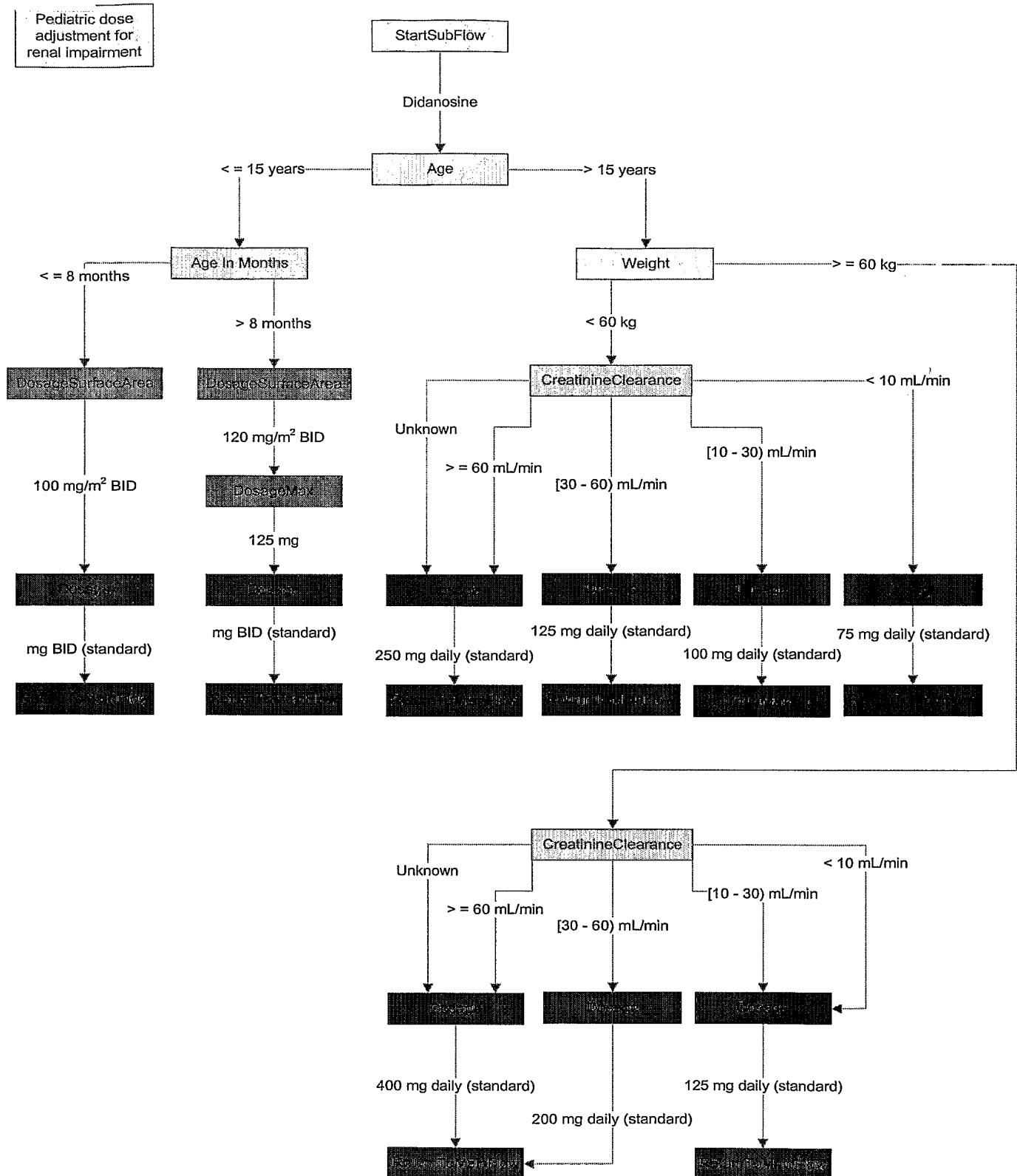


FIG. 23

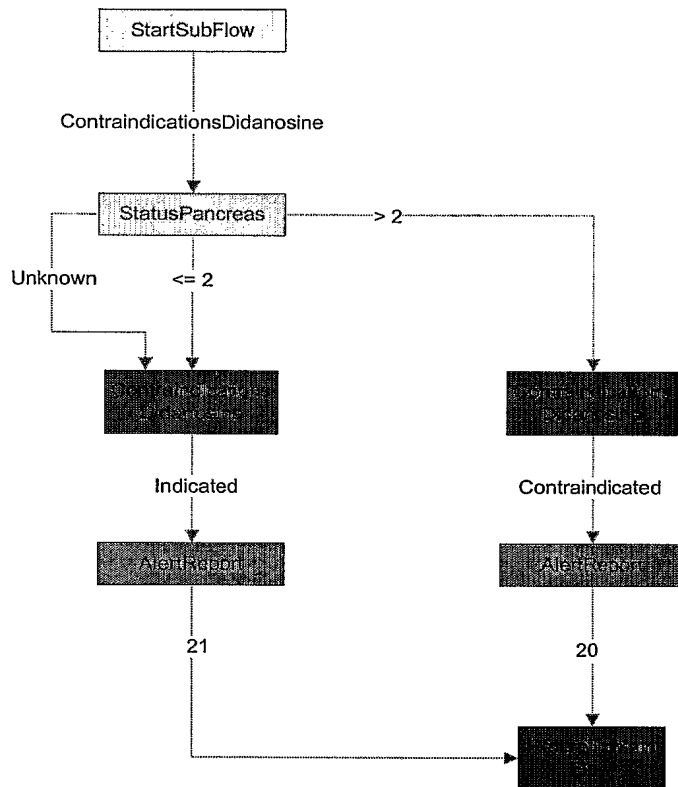


FIG. 24

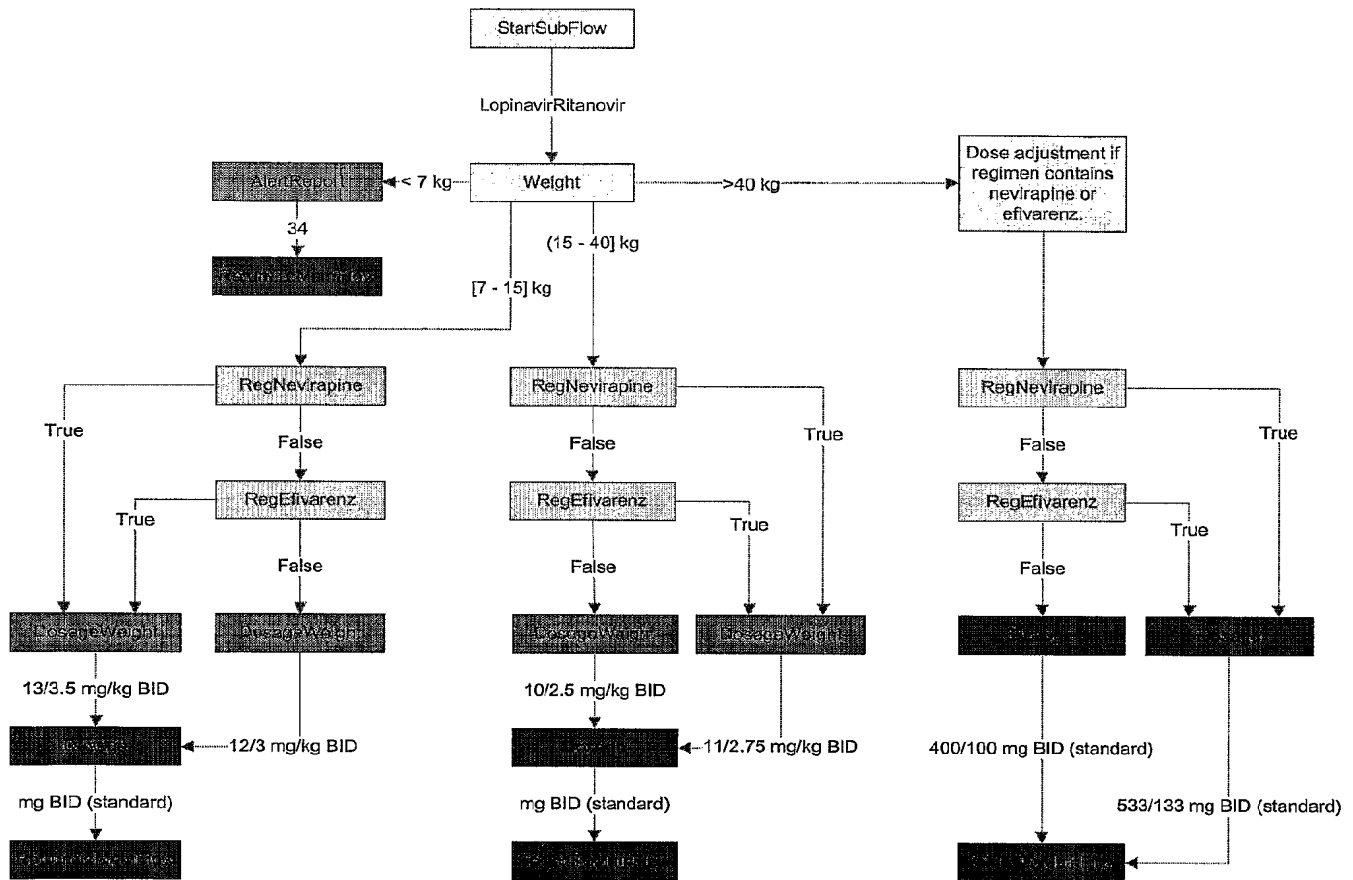


FIG. 25

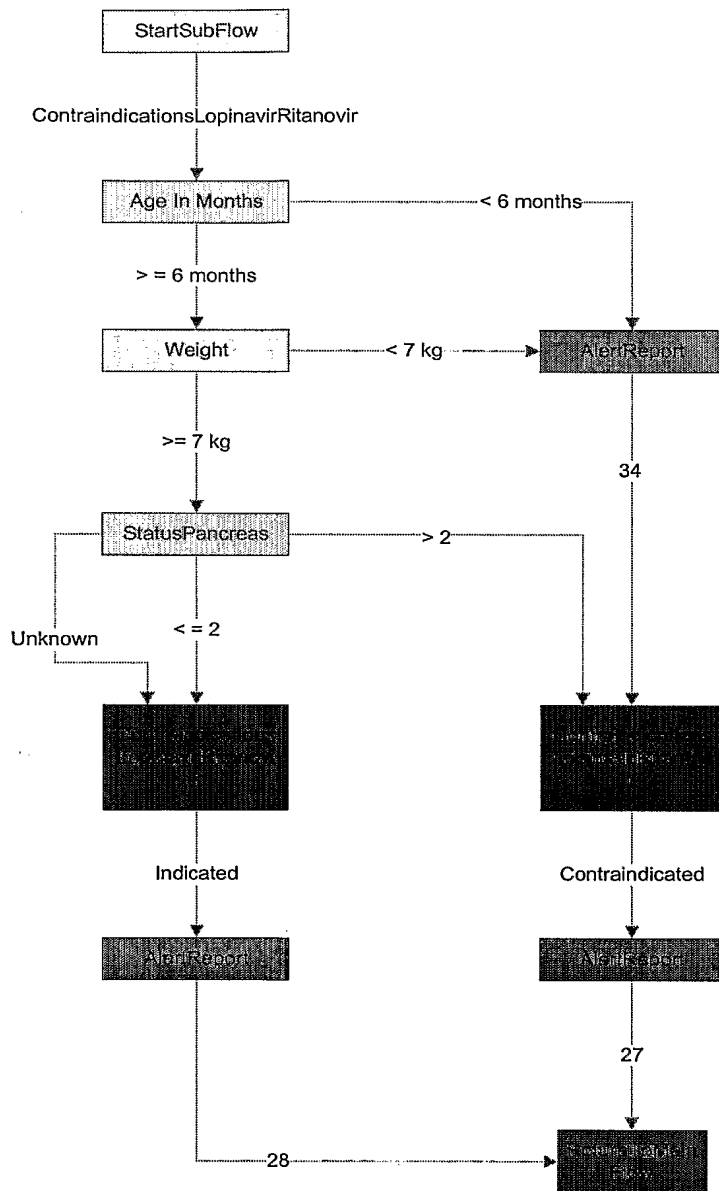


FIG. 26

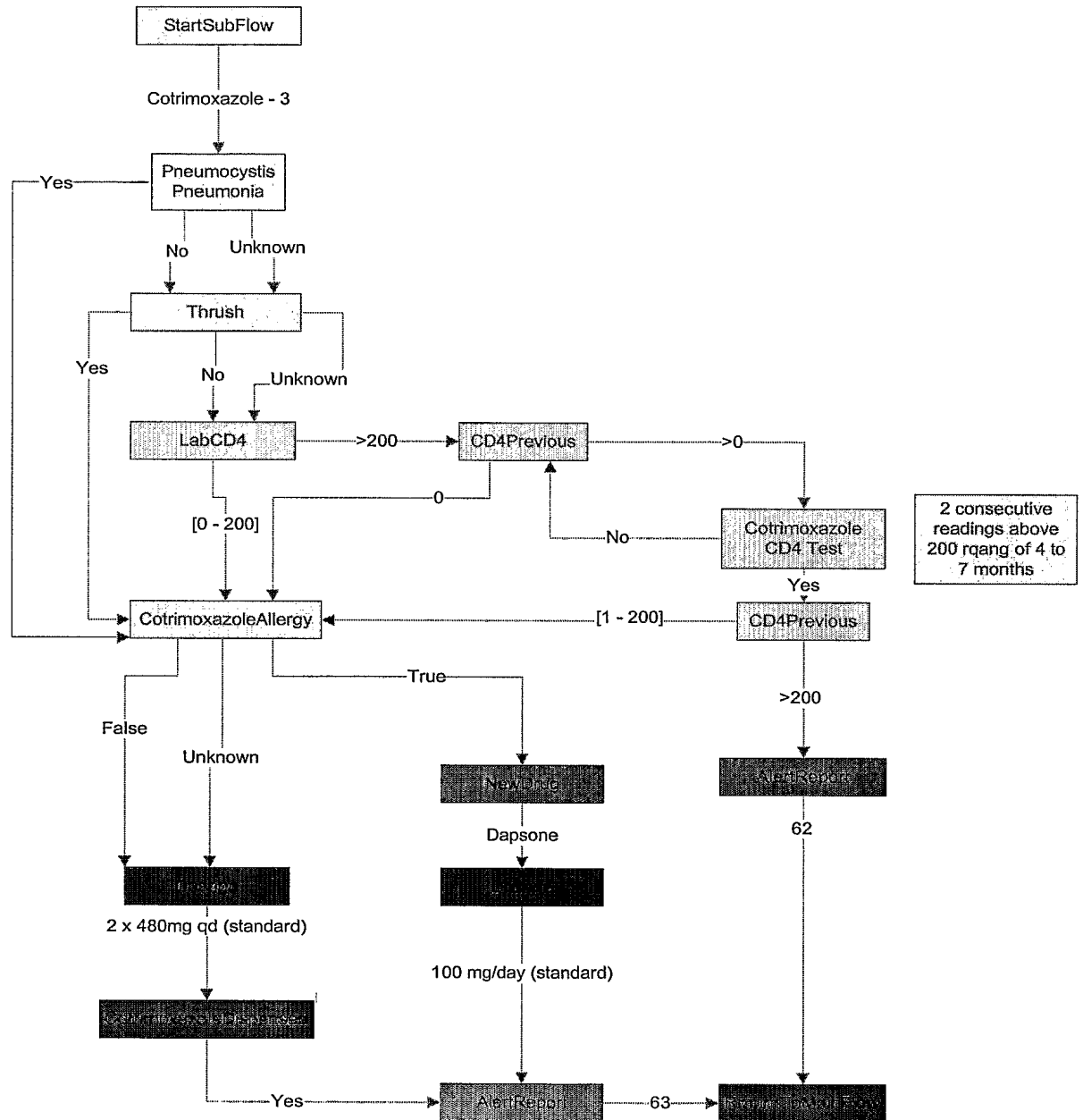


FIG. 27

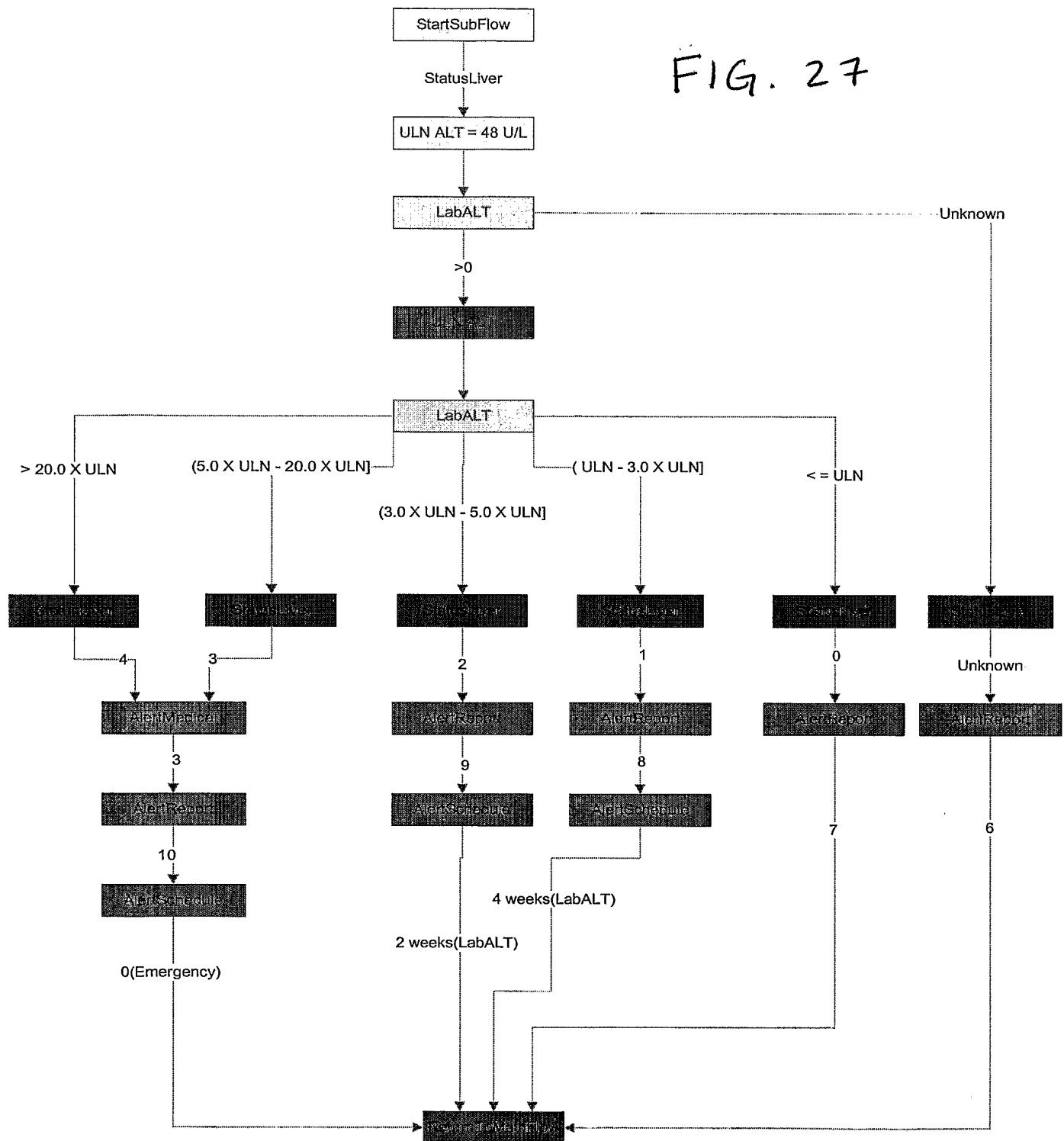
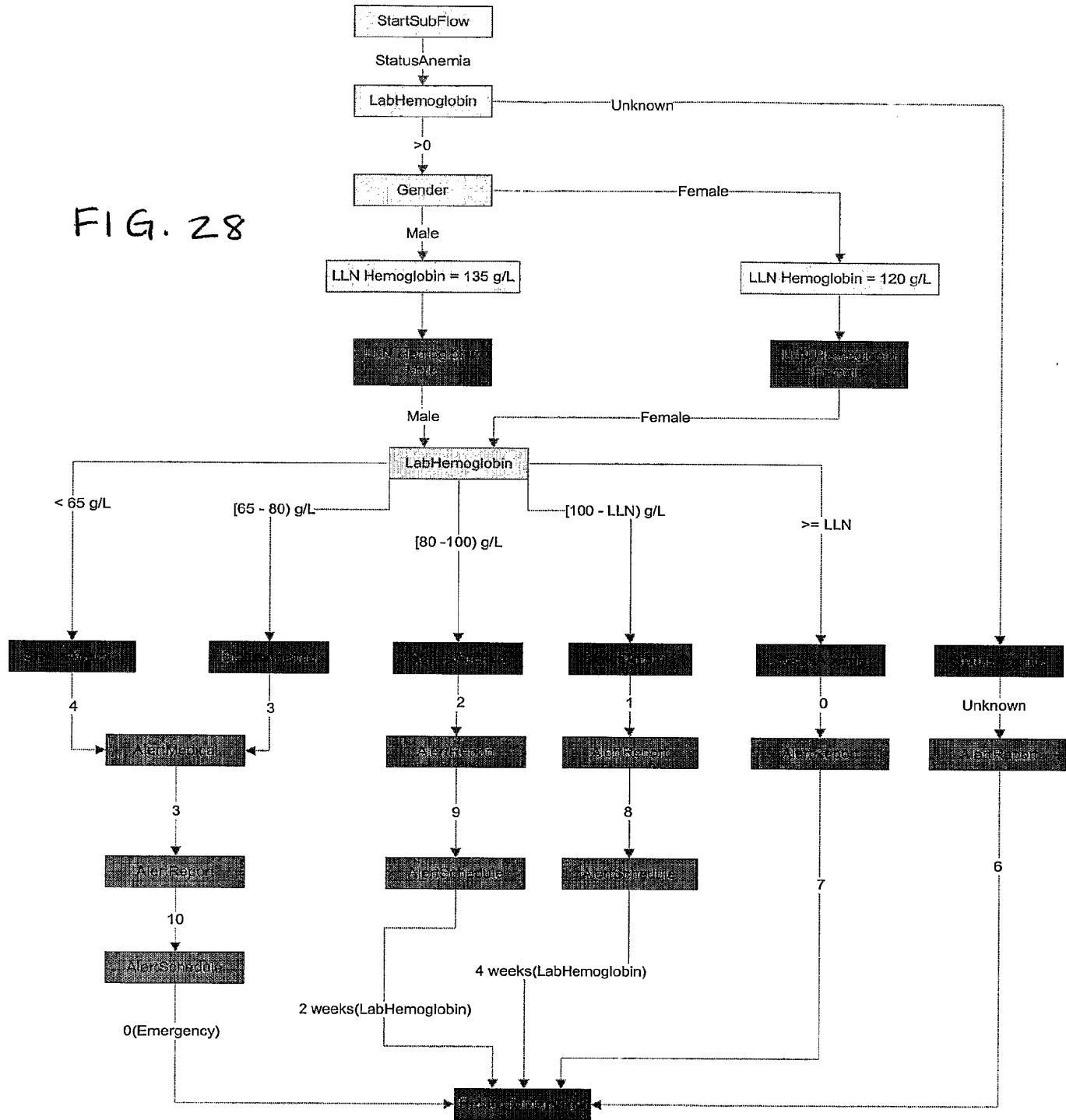


FIG. 28





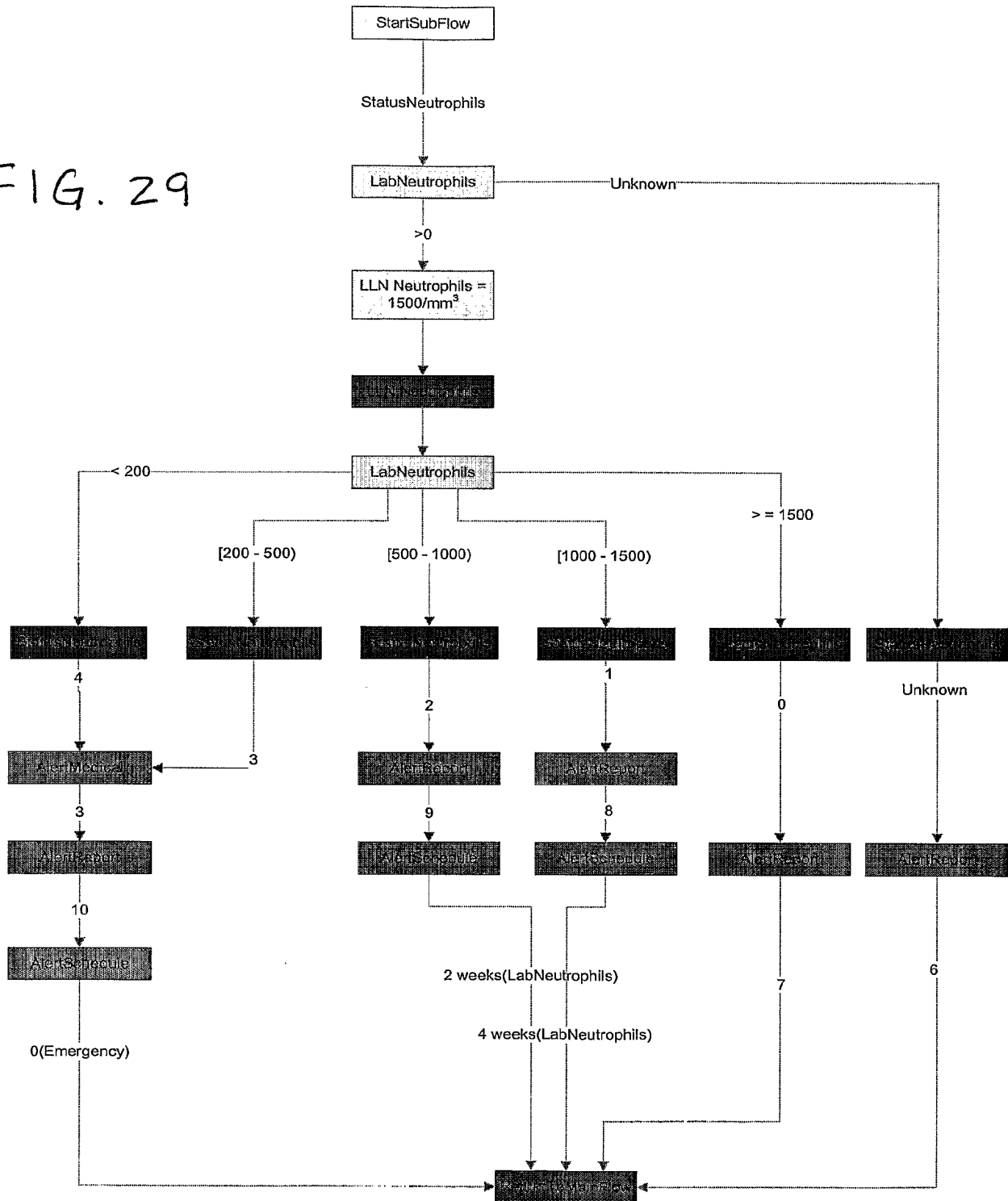


FIG. 30

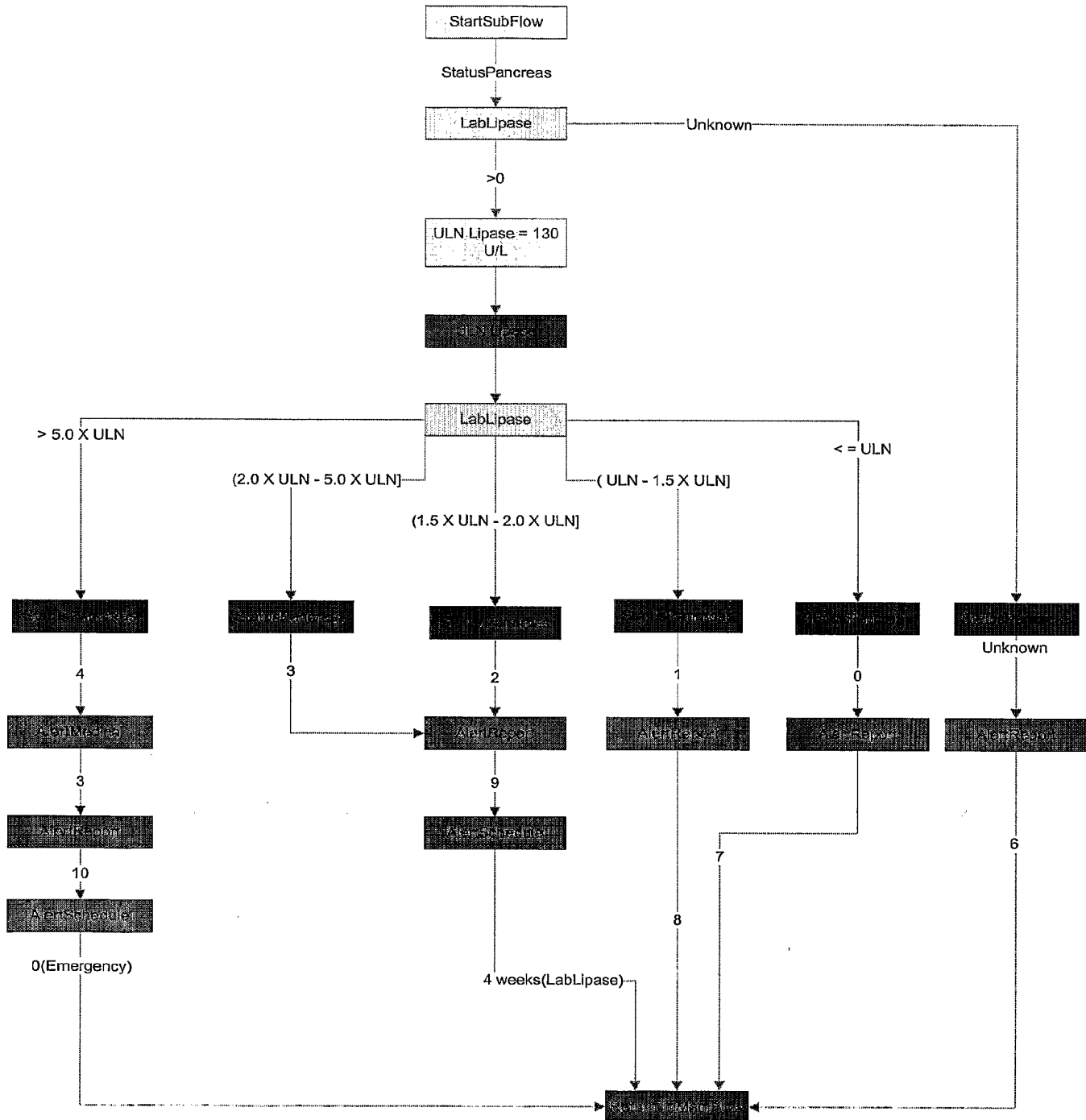


FIG. 31

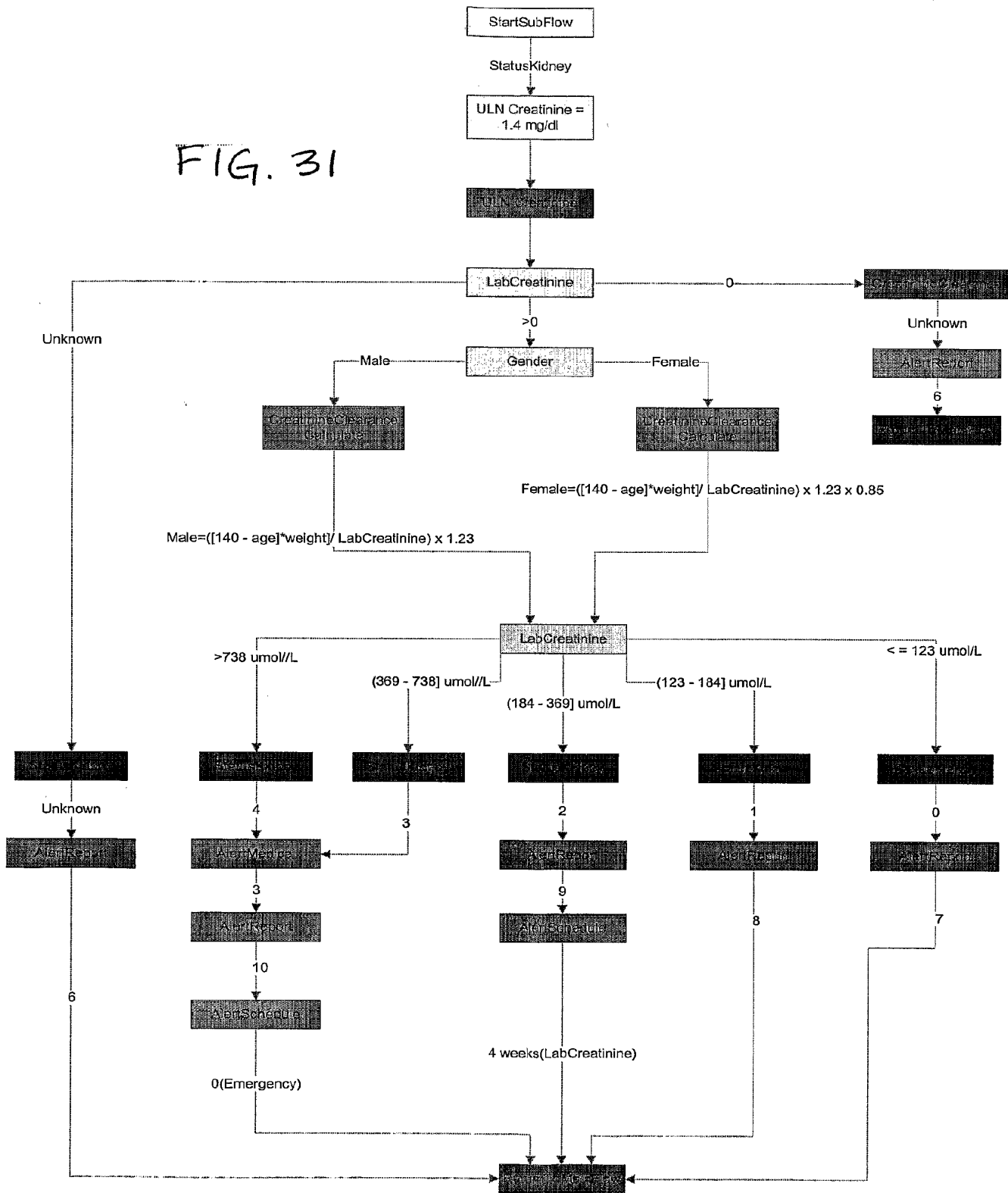


FIG. 32

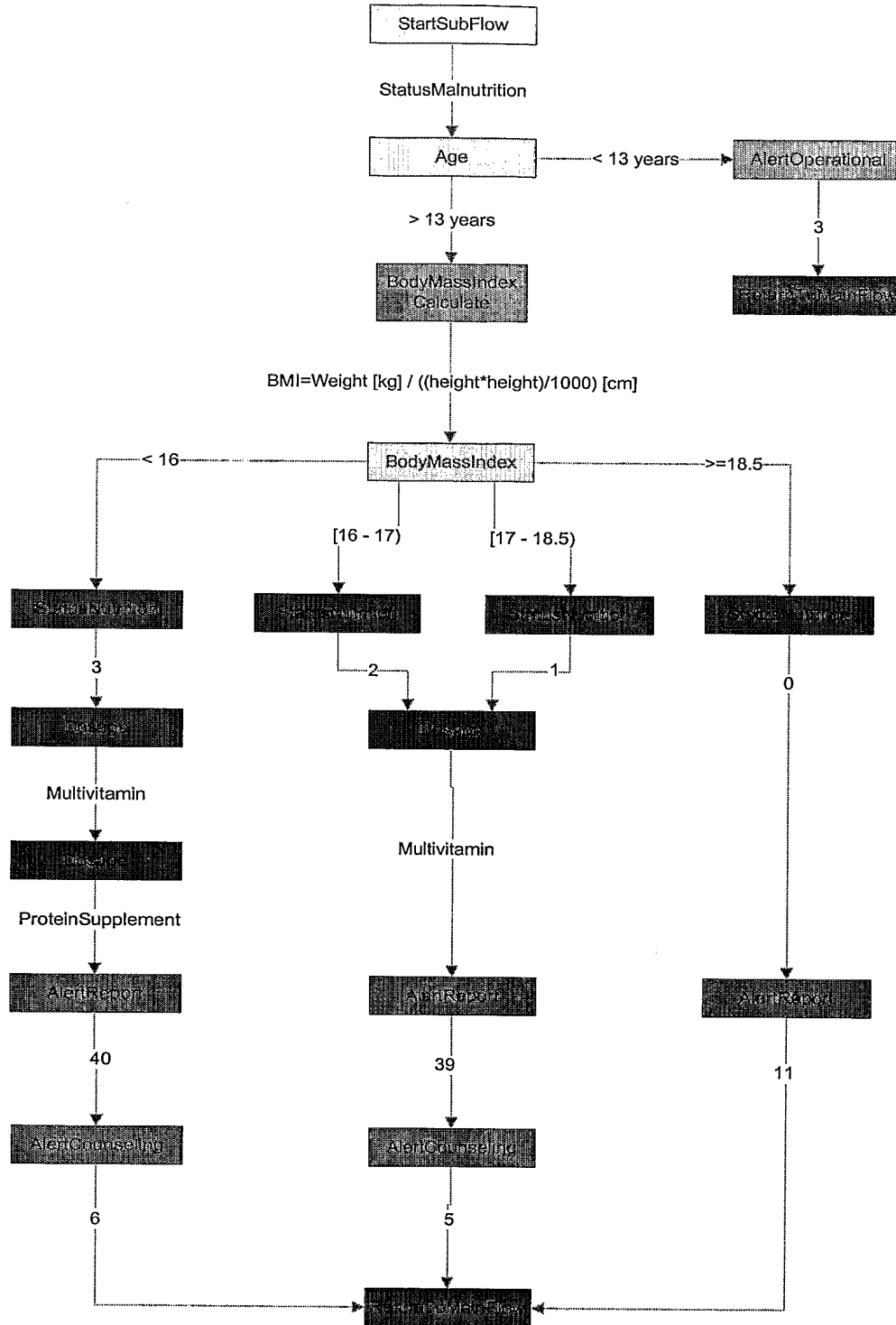


FIG. 33

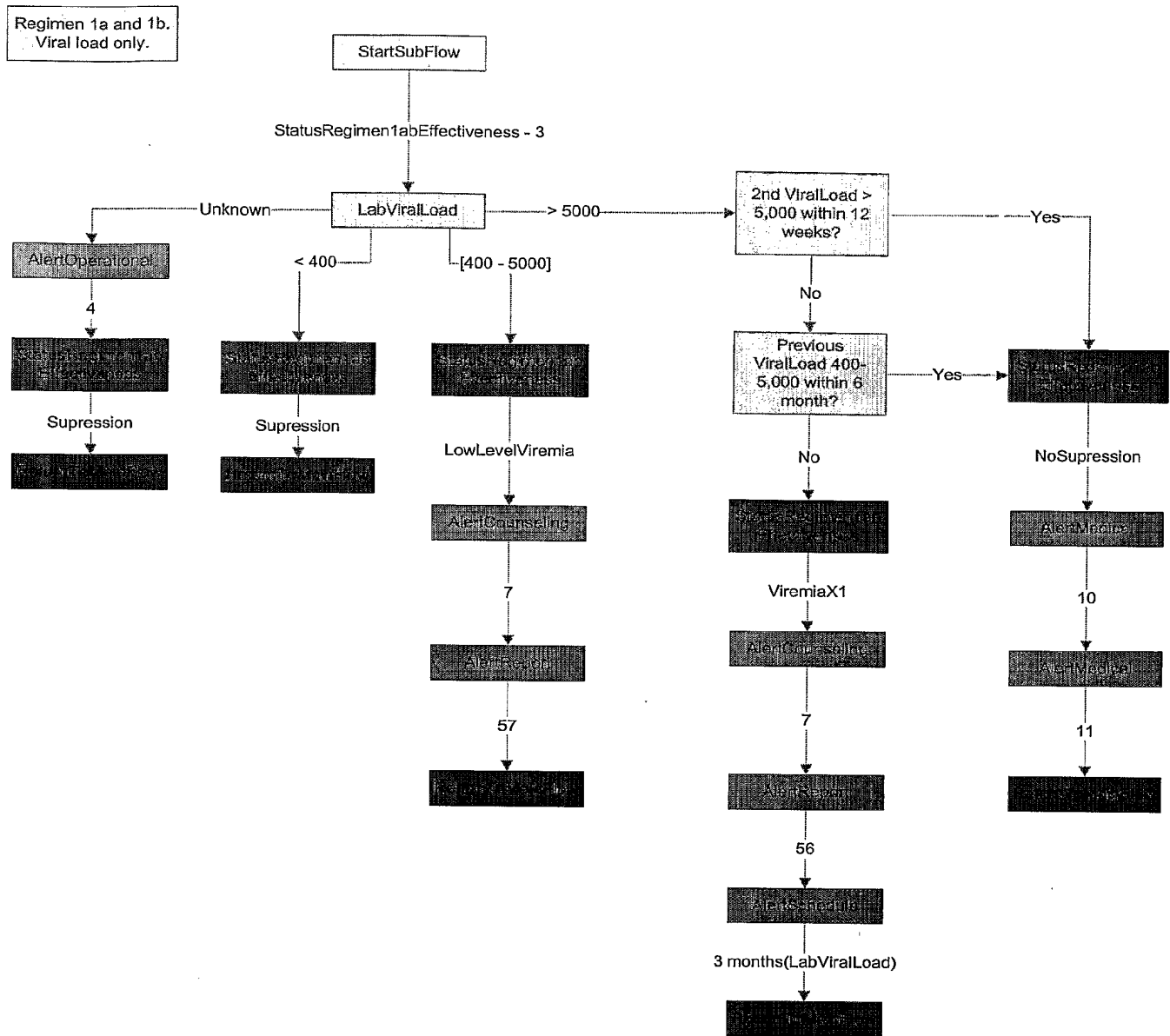


FIG. 34

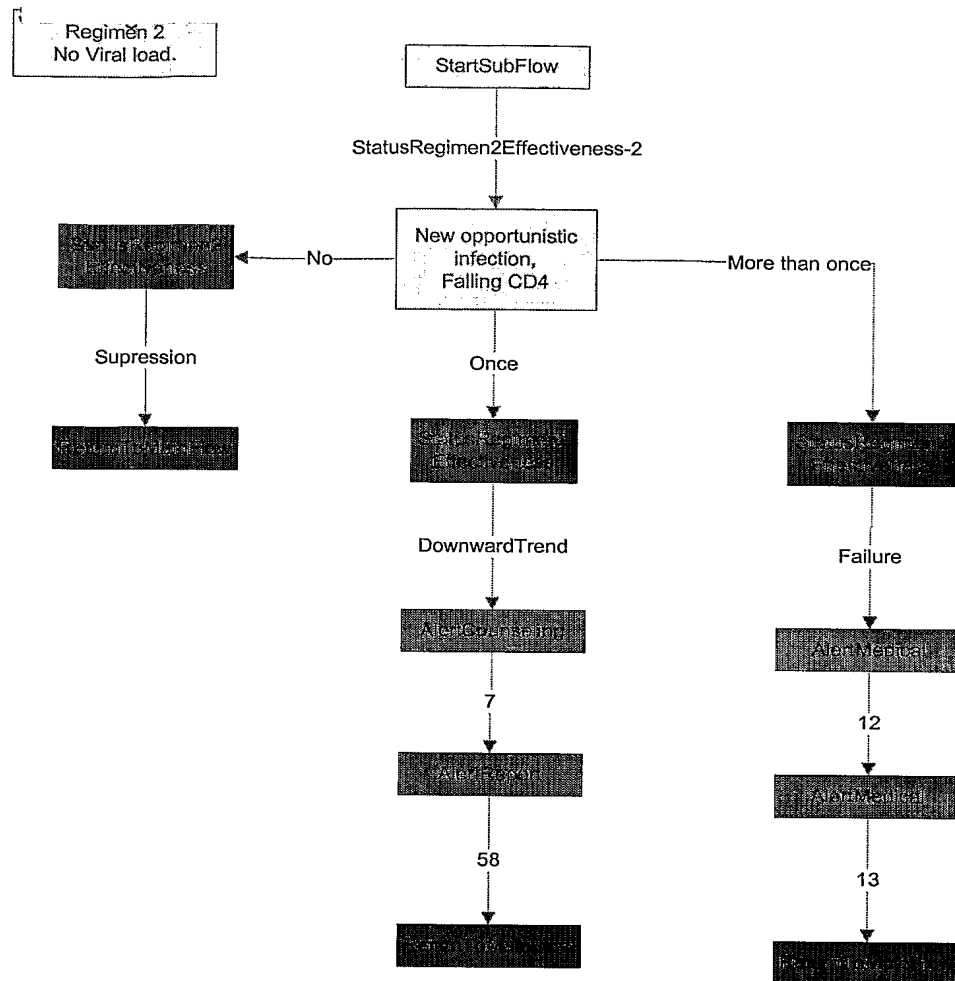




FIG 36

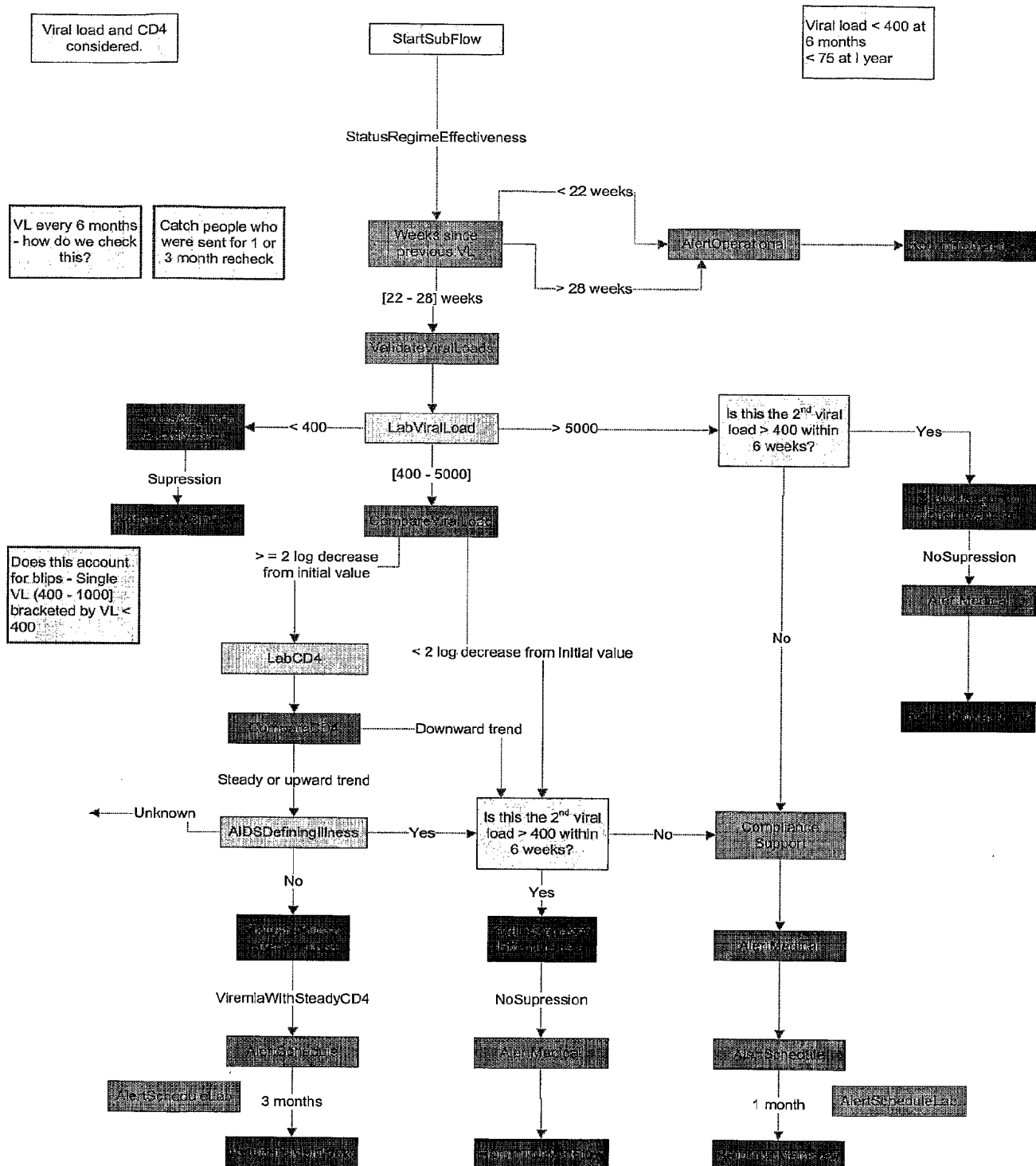




FIG. 37

Master Patient Data Entry

### Master Patient

MasterPatientID	<input type="text"/>	Address1	<input type="text"/>
Title	<input type="text"/>	Address2	<input type="text"/>
First Name	<input type="text"/>	Address3	<input type="text"/>
Middle Name	<input type="text"/>	City	<input type="text"/>
Last Name	<input type="text"/>	Province	<input type="text"/>
Male	<input type="radio"/>	Country	<input type="text"/>
Female	<input type="radio"/>	Zip	<input type="text"/>
Date Of Birth	<input type="text"/> <small>YYY/MM/DD</small>	Cell Phone	<input type="text"/>
Place Of Birth	<input type="text"/>	Home Phone	<input type="text"/>
Date Of Death	<input type="text"/>	E-mail Address	<input type="text"/>
NationalID	<input type="text"/>	MasterPatientDate	<input type="text"/>
Insurance	<input type="checkbox"/>	MasterPatientDateType	<input type="text"/>

FIG. 38

Database: User ID: User Name: Age: Gender: Clinic No.: Clinic Province: Country: Patient ID: 15

### Clinical Data Form

Date Prepared: 2004/12/26 11:59:05 PM 15

Date of Birth: 1979 7 9  
Height: 170 cm  
Weight: 60 kg

**HIV Status**

Are you currently on antiretroviral medicine for HIV/AIDS? ☒ YES ☐ NO HAARTRegSAGov1a

Check drugs in regimen:

1A	EPV Efavirenz (Efavirenz)	3TC Zidovudine (Zidovudine)	3TC Zidovudine (Zidovudine)
1B	NVP Nevirapine (Nevirapine)	3TC Zidovudine (Zidovudine)	3TC Zidovudine (Zidovudine)
2	AZT Zidovudine (Zidovudine)	3TC Zidovudine (Zidovudine)	3TC Zidovudine (Zidovudine)
Unknown			

Do you want to be on medicine for AIDS? ☒ YES ☐ NO

Documented, number positive HIV tests? ☒ 0 ☐ 1 ☐ 2

**Female**

Gender: ☒ Male ☐ Female

Reset Cancel

FIG. 39

Database2 Usr: User: Usr: Name: Apple Sender Clinic: Clinic Province: Gauteng PatientID: 15

### Clinical Data Form

**AIDS Defining Illness**

AIDS-defining illness, at present or in the past?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Pneumocystis Pneumonia - current or previous?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Thrush - persistent	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>

**Bactrim Compliance**

Allergic to Bactrim?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
Was Bactrim Dispensed?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	
Bactrim Pill Count - Is patient compliant?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	
Has patient kept 3 appointments in a row?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	

**Peripheral Neuropathy**

Pain and/or tingling in hands and/or feet?	<input type="button" value="YES"/>	<input type="button" value="NO"/>	<input type="button" value="Unknown"/>
--	------------------------------------	-----------------------------------	--

Enter

StateBar2

Reset Cancel

FIG. 40

Country: User ID: User Name: Access Sender: Affiliation: Clinic/Province: Gaurang Patient ID: 15

### Clinical Data Form

**Psychological**

Psychological problems, present or in the past: YES NO Unknown

Depression - overwhelming sadness, not related to any event: Depression

Thoughts or attempts of suicide: Suicide

Previous mental illness requiring treatment/hospitalization: Mental Illness

**Regimen Failure**

Has patient failed Regimen 1a: YES NO Unknown

Has patient failed Regimen 1b: YES NO Unknown

**Nevirapine Resistant**

Nevirapine Resistant - proven: YES NO Unknown

**Nevirapine**

On Nevirapine within last month? YES NO

Enter

<< Reset Cancel

FIG. 41

Clinical Data Form

User ID: 1    Username: Admin Sender    Clinic No.: 1    Clinic Province: Gauteng    Patient ID: 15

**TB Status**

Treatment for active TB in the past 2 years?

Is your treatment for active TB complete?

Are you being treated for active TB now?

Are you taking Isoniazid to prevent TB now?

**TB Symptoms**

Cough > 2 weeks

Fever > 2 weeks

Night sweats

Weight loss > 1.5 kg in past 4 weeks

FIG. 42

Data Entry User ID: 3 User Name: Adele Sender Clinic: 1 Clinic Province: Gauteng Patient ID: 15

## HAART Prep Form

Operations

Safer Sex Completed	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Home Work Issues Completed	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Legal Protection Completed	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Nutrition Completed	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Drug Literacy Completed	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Home Assessment Completed	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Enter

← Reset Cancel

FIG. 43

LabFormLab - User ID: 5 User Name: Apple Sender: Clinician Clinic Province: Gauteng Patient ID: 75

### Lab Form

Patient ID:

Previous Lab:  LABS Complete:

	YYY	MM	DD	Previously Ordered
Current CD4 <input type="text" value="30"/> Cells/mL <input type="text" value="Unknown"/>	2004	12	27	<input type="text" value="Not Ordered"/>
Previous CD4 <input type="text" value="45"/> Cells/mL	2004	11	24	<input type="text" value="Today's Date"/>
Viral Load <input type="text" value="Unknown"/> copies/mL				<input type="text" value="Replicate Date"/>
Liver - ALT <input type="text" value="Unknown"/> U/L				<input type="text" value="Not Done"/>
Hemoglobin <input type="text" value="Unknown"/> g/L				<input type="text" value="Reset Date"/>
Neutrophils <input type="text" value="Unknown"/> %				
Lipase <input type="text" value="Unknown"/> U/L				
Creatinine <input type="text" value="Unknown"/> umol/L				
TB Skin Test <input type="text" value="Positive"/> <input type="text" value="Negative"/> <input type="text" value="Unknown"/>				
Sputum - TB <input type="text" value="Positive"/> <input type="text" value="Negative"/> <input type="text" value="Unknown"/>	2004	12	27	

Error - Correct Lab Error

FIG. 44

Lab Entry Lab User ID: User Name: John Sender Clinic ID: Clinic Province: Gauneng Patient ID: 15

### Labs Form

Patient ID	15
Previous Lab	11/24/2004
LABS Complete	Override

	YYY	MM	DD	Previously Ordered	
Current CD4	30	Cells/mL	Unknown	2004 - 12 - 27	Not Ordered
Previous CD4	45	Cells/mL	Unknown	2004 - 11 - 24	
Viral Load		c/mm3	Unknown		
Liver - ALT		U/L	Unknown		Not Done
Hemoglobin		g/L	Unknown		
Neutrophils		/MM3	Unknown		
Lipase		U/L	Unknown		
Creatinine		umol/L	Unknown		
TB Skin Test	Positive	Negative	Unknown		
Sputum - TB	Positive	Negative	Unknown	2004 - 12 - 27	

Lab Entered

Done



FIG. 45

Main Menu: User ID: 1 User Name: Adela Sender Clinic No: 1 Clinic Province: Gauteng Patient ID: 15  
New Patient Existing Patient Reports Utilities

Patient ID: 15 Today's Date: 2004/12/27

Alerts: High Medium Low  
☒ Active TB - requires treatment  
☒ Signs of active TB

Medication:  
☒ Bactrim 2x 480mg qd (standard)

Next Appointment:  
☒ Regular Scheduled 2005/01/05  
☒ Labs: ALT

Healthy Living:

Print

Gender: Male  
Age: 25  
Weight: 60 kg  
Height: 170 cm

Regimen: 1a  
5 Weeks

Current CD4: 30 Cells/mL 2004-12-27  
Previous CD4: 45 Cells/mL 2004-11-24  
Viral Load  
Liver - ALT  
Hemoglobin  
Neutrophils  
Lipase  
Creatinine  
TB Skin Test  
TB Sputum: Positive 2004-12-27

HIV Status: G HAART Candidate: R Compliance: R Effectiveness: R

FIG. 46

Print preview UserID: 3 User Name: Aale Sender Clinic: 1 Clinic Province: Gauteng PatientID: 15

Close

Page 1

### Patient Flow Analysis

PatientID	Date
15	2004/12/27

**Alerts High**  
Active TB - requires treatment  
Signs of active TB

**Alerts Medium**  
Bedrim prophylaxis indicated

**Alerts Low**  
(Status Liver) unknown  
Nutrition within normal limits

**Medication**  
Bactrim 2x 480mg qd (standard)

**Next Appointment**  
Regular Scheduled 2005/01/05  
Lab: ALT

**Healthy Living**

**Gender:** Male  
**Age:** 25  
**Weight:** 60 kg  
**Height:** 170 cm

**Regimen**  
1A  
5 Weeks

**Current CD4:** 30 Cells/mL 2004-12-27  
**Previous CD4:** 45 Cells/mL 2004-11-24  
**Viral Load:**  
**Liver - ALT:**  
**Hemoglobin:**  
**Neutrophils:**  
**Urea:**  
**Creatinine:**  
**TB Skin Test:**  
**TB Sputum:** Positive 2004-12-27

HIV Status	HAART Candidate	Compliance	Effectiveness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MSN Messenger E3  
Options  
spack5@aol.com has just signed in.

FIG. 47

Display Patient				
Creation Date	2004/12/27 12:01:45 AM		Patient ID	15
Date of Birth	19/9/07/03			
Height	170	cm		
Weight	60	kg		
Are you currently on antiretroviral medicine for HIV/AIDS?	YES	NO	HARVIT Reg SAQ v1.0	
Do you want to be on medicine for AIDS?	YES	NO	Select	
Documented, number positive HIV tests?	0	1	2	
Gender:	Male	Female	Fair	
			Close	
AIDS-defining illness, at present or in the past?	YES	NO	Unknown	
Pneumocystis Pneumonia - current or previous?	YES	NO	Unknown	
Thrush - persistent	YES	NO	Unknown	
Allergic to Bacrim?	YES	NO	Unknown	
Was Bacrim Dispensed?	YES	NO		
Bacrim Fill Count - Is patient compliant?	YES	NO		
Has patient kept 3 appointments in a row?	YES	NO		
Pain and/or tingling in hands and/or feet?	YES	NO	Unknown	
Psychological problems, present or in the past	YES	NO	Unknown	
Has patient failed Regimen 1a	YES	NO	Unknown	
Has patient failed Regimen 1b	YES	NO	Unknown	
Nevirapine Resistant - proven	YES	NO	Unknown	
On Nevirapine within last month?	YES	NO		
Treatment for active TB in the past 2 years?	YES	NO	Unknown	
Is your treatment for active TB complete?	YES	NO	Unknown	
Are you being treated for active TB now?	YES	NO	Unknown	
Are you taking Isoniazid to prevent TB now?	YES	NO	Unknown	
Cough > 2 weeks	NO	YES		
Fever > 2 weeks	NO	YES		
Night sweats	NO	YES		
Weight loss > 1.5 kg in past 4 weeks	NO	YES		

FIG. 48

Appointment Evaluation    User ID: 2    User Name: Admin    Clinic No: 1    Clinic Province: California    Patient ID: 12

### Appointment Status

Patient ID

Select  
Print  
Close

HAART Regimen Start: 2004/11/24    Regimen: HAARTRegSAGov1a  
Last Appointment: 2004/12/27  
Weeks since HAART initiated: 5    Next Scheduled Appointment: 2005/01/19  
Patient Appointment due in 3 weeks

Procedures to be performed

☒ Drug Pickup  
☒ Education  
☒ Physical Exam - Doctor

Lab Tests

☒ ALT

FIG. 49

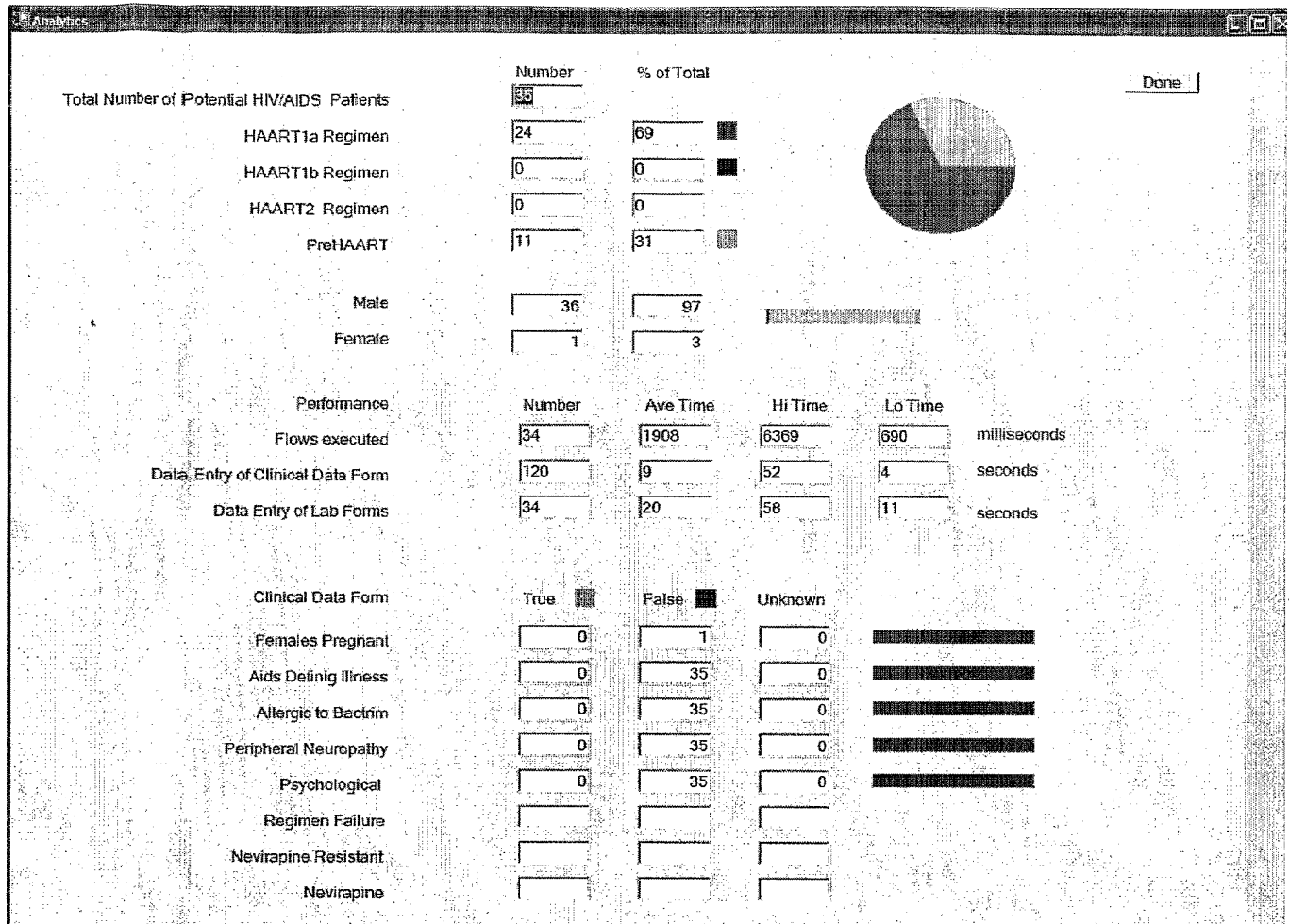


FIG. 50

Display Log    UserID: 3    UserName: Adult - Gender    ClinicNo: 1    ClinicProvinces: Gauteng    PatientID: 1		
Print    Export    Close		
PatientID: 1	12/26/2004 6:38:26 PM	
StartMainFlow	15	Gauteng - 9
DetermineAgeCategory	14	
StartSubFlow	15	DetermineAgeCategory
Age	7	25 ; >=14years
AgeCategory	11	; Adult
ReturnToMainFlow	2	
AgeCategory	7	Adult ; Adult
ClinicalDataFormComplete	7	Yes ; Yes
LabsComplete	7	Yes ; Yes
AIDSDefiningIllness	5	No ; No
Gender	7	Male ; Male
ConfirmHIVStatus	14	
StartSubFlow	15	ConfirmHIVStatus - 3
StatusGeneral	7	NoHAART ; NoHAART
HIVStatusConfirmed	7	2 ; 2
AlertReport	5	1 ; 1
HIVStatusConfirmed	7	2 ; >1
ReturnToMainFlow	2	
HIVStatusConfirmed	7	2 ; 2
Bactrim	14	
StartSubFlow	15	Bactrim - 2
PneumocystisPneumonia	5	No ; No
Thrush	5	Unknown ; Unknown
LabCD4	7	250 ; >200
CD4Previous	7	250 ; >0
Bactrim CD4 Test	7	Yes ; Yes
CD4Previous	7	250 ; >200
AlertReport	5	62 ; 62
ReturnToMainFlow	2	
StatusMalnutrition	14	
StartSubFlow	15	StatusMalnutrition
Age	7	25 ; >13years
BodyMassIndexCalculate	5	20.7612456747405 ; BMI=Weight [kg] / ((height*height)/1000) [cm]
BodyMassIndex	7	20.7612456747405 ; >=18.5
StatusNutrition	11	0 ; 0
AlertReport	5	11 ; 11
ReturnToMainFlow	2	
StatusLiver	14	
StartSubFlow	15	StatusLiver
ULN ALT = 48 U/L	15	No Value
LabALT	7	Unknown ; Unknown
StatusLiver	11	Unknown ; Unknown
AlertReport	5	6 ; 6
ReturnToMainFlow	2	
StatusActiveTB	14	
StartSubFlow	15	StatusActiveTB
TBActiveTreatmentComplete	5	Unknown ; Unknown
TBActiveTreatmentCurrent	5	No ; No
Cough > 2 weeks	5	No ; No
Fever > 2 weeks	5	Yes ; Yes
AlertMedical	5	5 ; 5
LabTBSputum	7	Unknown ; Unknown
StatusActiveTB	7	Ordered ; Ordered
AlertOperational	5	5 ; 5
ReturnToMainFlow	2	